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Surgery.

NITROUS OXIDE ANESTHESIA.

A FURTHER CONTRIBUTION TO THE SUBJECT OF NITROUS OXIDE IN GENERAL SURGERY.

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The continued use of gas in general surgery, and a number of letters requesting answers to questions relating to this subject, are responsible for this article. I may be wrong about it, but since I have been using nitrous oxide I have a growing conviction that our anesthetics, as we usually employ them, have much to answer for in the production of surgical shock. This conviction is based entirely upon negative observations. I mean by that, the noticeable absence of shock after the use of gas. How frequently we carry our patients from the operating table to the bed, clammy and cold, or even reeking with perspiration and with a subnormal temperature, after the administration of ether or chloroform. Then to this is grafted the deathly nausea and vomiting which may continue for hours. Now I have thought that every one of these undesirable symptoms is due to the anesthetic and not to the clean, operative incision. Why, then, is it not reasonable to charge the anesthetic with, at least, the greater portion of the shock? What surgeon believes that such an incision and the usual manifestations that accompany it would produce such symptoms with such frequency if it could be performed without an anesthetic? Whenever it is feasible do we not prefer to amputate or open an abdomen or a chest without a general anesthetic? The most tragic surgical scenes that I have ever witnessed were associated with thoracotomies, under ether or chloroform. As a result of this I have found (like many others, I presume) that I can cut my way freely into the thorax without shock. In this class of cases it is not the incision, etc., that produces the cold perspiration, the nausea and vomiting, and particularly the subnormal temperature. It is the anesthetic; and this proposition is strengthened by the fact that the above group of symptoms scarcely ever occur when the operation is performed without a general anesthetic. General anesthesia produces shock by interfering with the physiological metabolism (Nicaise, Porter), the products of which not only beget a certain amount of toxemia but, at the same time, seem to clog the wheels of the excretive apparatus. The great degree of freedom from shock after the use of nitrous oxide makes that which accompanies the other anesthetics stand out the more prominently. In a recent report of sixty-five operated cases aged seventy years or more, ten died from shock and uremia. These were not all capital operations, either. One death resulted from so simple an operation as slitting up a fistula in ano. I cannot but believe that many of these deaths were due to the drug action of the anesthetics. Ten deaths from that number of aged patients is not such a bad record, but ten deaths from shock and uremia alone is far from what it should be. Of course others died from other causes.

I have tried gas in patients of advanced age and cite a few illustrative cases.

Mrs. S., aged seventy (apparently eighty), suffering from a carcinoma of the vagina. It was extirpated and the denuded area covered by sliding a flap from left labium. Time forty minutes. No nausea, vomiting or shock.

Mrs. C., aged seventy-two, quite feeble. She had a distinct aortic regurgitation, marked ascites from multiple cysts of the ovaries and broad ligament (which, by the way, had been pronounced cured by a Christian scientist). The gas controlled her perfectly. The cysts were all removed except one, which was evacuated and stitched to the abdominal incision. Although she became somewhat weak after the sudden evacuation of the ascitic fluid the pulse and respirations were good when she was placed in bed. No nausea or vomiting.

Mrs. F., aged seventy-three, thigh amputation. No nausea or vomiting and scarcely a perceptible sign of shock. To such patients as these I give gas with a confidence that I never experienced before. In all honesty, I expect to have some cases of shock after operations under gas anesthesia, but I have not seen any thus far.

If one wishes to note the difference in the anesthetics there is no better way than to give gas to some and ether to others during the same clinic. Then when all have been operated on, visit them in their rooms and wards. I was never so forcibly struck with the contrast as when I tried this. The post-operative condition of the gas patients is pleasant to perceive. The intellect is perfectly clear, the eye is bright, skin natural, pulse scarcely changed—in short they appear as though nothing had happened. Then compare this to the semi-

stupor of the ether patient, the frigid and clammy skin, the ether-laden breath, the nausea, retching and vomiting and it is notorious that these latter symptoms have often frustrated the most skillful operative procedures.

Although Porter claims that ether and chloroform act merely by excluding the atmospheric air I cannot get away from the idea that the tissues are chemically damaged. Not only for hours but sometimes for two days the breath is still offensive with the fumes of ether, and during this time the patients are generally miserable.

Uremia is another complication which I think would be largely obviated by substituting gas for ether. Many a brilliant major operation has been followed by death, in a few days, from uremia. These are matters of deep regret to the surgeon, especially when the patient is pursuing an otherwise uncomplicated course.

Freedom from respiratory irritation is another of the advantages in the use of nitrous oxide. I have, so far, seen no coughing or bronchial or laryngeal irritation resulting from its use.

If it had no merit except that of saving time for the surgeon, it should be thoroughly tested. One minute is usually sufficient to anesthetize a patient profoundly and they generally recover consciousness quite as quickly, occasionally in less time. "In these most brisk and giddy paced times" the above fact is by no means an unimportant item.

Another feature peculiar to gas is that the degree of anesthesia is out of proportion to the degree of unconsciousness. Sensation may be complely abolished and still cerebration be possible. Patients have repeated to me remarks that have passed between myself and assistants, but were quite oblivious to pain. I believe this is one thing that reassures us, for (in a general way) we naturally feel that, despite anesthesia, the distance the patient has traversed from the basis of safety is usually in proportion to the degree of unconsciousness.

In beginning my study of this subject I was anesthetized several times and fancied I knew all that was going on, but it must have been fancy, for when consciousness returned I could not formulate even the delusions that had passed through my brain. And so I frequently find patients who think they know all that was passing, and yet upon close questioning it is found that they know little or nothing of what occurred. I can readily see how these startling medico-legal cases resulted from the administration of gas.

Dentists have observed that a patient may be completely anesthetized without complete loss of muscular tone. I have remarked, and so have my assistants, that the patients are controlled much better after the first five minutes.

I have been asked what class of cases I considered the most suitable for gas. To this I would reply: bone surgery in adults. This is not from reasoning, but because in these cases it has given me perfect results. On account of the freedom from nausea and vomiting, it should be the ideal anesthetic in abdominal surgery. It ought to work equally well in bladder surgery.

I still regard the matter somewhat from the position of the experimentalist and let the experience and observations stand for what they are worth.

Before closing it is but just to admit that nitrous oxide possesses two disadvantages; it is more expensive and less convenient than our ordinary anesthetics.

UNIQUE CASES IN SURGERY.

By W. E. GREEN, M.D., Little Rock, Ark.

TUMOR INVOLVING THE CÆCUM—LAPAROTOMY; RECOVERY.

Monday, August 14th, 1893, I was called in consultation to see Mr. E., æt. 36, who, two days before, was taken with severe abdominal pains that were so persistent and attended with such other symptoms denoting a serious lesion that the attending physician diagnosed appendicitis. I saw the patient at 11 A. M. and upon inquiry found he had suffered from previous like attacks during the past few months. There was considerable tenderness and a decided induration in the right iliac region, over the seat of the cæcum, with some tympanitis and general abdominal sensitiveness; pulse 90, temperature 101, tongue heavily coated and slight nausea. My opinion was that there existed perforative appendicitis and that a prompt laparotomy was demanded. The patient and family consented to my recommendation, and, accordingly, at 12 M., assisted by Drs. Neal, the anesthetist, Hughes and my student, Mr. Dodge, I opened the abdomen by a five inch incision along the outer border of the right rectus abdominus muscle. Upon lifting up the cæcum I found the appendix extremely small, pointing downwards, closely attached to a very short mesenteriolum and perfectly healthy. But springing from the meso-cæcum and involving the walls of the cæcum, extending upward almost to the level of the umbilicus, was a tumor the size of an orange, which I supposed to be of a sarcomatous nature. The complications seemed so great and the patient took the anesthetic so badly that I deemed an anastomosis to turn the growth out of the intestinal circulation impractical. In order to ascertain the contents of the tumor, I made a deep incision into its substance. The blood spurted forth profusely in a continuous stream, showing clearly its great vascularity. The opening made was promptly closed with four catgut sutures, which effectually stopped the bleeding. Believing the traumatism would cause a rapid breaking down of the tumor, I packed it around with strips of sterilized gauze, the ends of which were brought out at the upper angle of the wound. The peritoneal edges and the muscular tissue were brought together by a continuous catgut suture, and the superjacent structures were coaptated with interrupted silk stitches. The usual dressing was applied and the patient returned to his bed. The shock seemed great and he was much depressed, but rallied in a few hours. He did well up to the morning of the third day, when he was violently attacked with jaundice and rapidly went into a comatose condition. Rationality returned on the sixth day and the icteroid symptoms began to subside. On the seventh day I removed the stitches, when I observed an oozing at the point from which the gauze (on the second day) was removed. His temperature, which had never before exceeded 100, now registered 102. The next day a profuse sero-sanguinous fluid issued from the wound, and the temperature dropped to normal. The purulence of the discharge increased, it became thicker

and for a few days was mixed with fecal matter. The tumor rapidly diminished in size and the fistula finally closed. The patient left his bed in three weeks, and now, eight weeks after the operation, goes about with comfort and attends to his business, that of a railroad conductor. There was evidently a mistake in diagnosis after as well as before the abdomen was opened.

TUBERCULAR PERITONITIS, WITH EXTENSIVE COMPLICATIONS OF THE TUBES, OVARIES AND OMENTUM. OPERATION; RECOVERY.

August 15th, 1893, I was asked to see Mrs. G. by her physician, on account of an abdominal enlargement which he had diagnosed an ovarian cyst. Upon examination I found that she had been suffering for about six months, and of late so severely that *Morphine* was required to give her any degree of comfort. The abdomen was greatly but symmetrically enlarged, marked fluctuation existed and the area of dullness extended well down into the flanks. The uterus, 2½ inches in depth, was lying very low in the pelvis and was immobile. The physician said this condition did not exist at his last examination, two weeks before. This I doubted, and so stated to him. A heavy mass filled either ovarian region; the patient was failing in both strength and flesh and wore the features of great suffering. I diagnosed ascites, from some obscure abdominal trouble, and recommended an immediate section. Accordingly, August 17th, assisted by Drs. Neal, Hughes and my student, Mr. Dodge, I opened the abdomen in the median line by a five inch incision. Fully two gallons of ascitic fluid was evacuated. The peritoneum was greatly thickened and injected, and its parietal surfaces studded with miliary tubercles. The great omentum was found to be a solid mass of tubercular product, as thick as the hand. Both iliac regions were filled with undistinguishable masses of caseous material, made up of ovaries, tubes and broad ligaments, the size of a fist. The left was hulled out of its bed and removed without ligaturing, the degenerative process having destroyed all the arterial and venous structures. In the right, though the tumor was fully as large, a semblance of the broad ligament remained, which was secured with heavy catgut. The omentum was next ligated in sections close up to the transverse colon and cut away entire. The abdominal cavity was then thoroughly irrigated with warm (105°) sterilized water. Passing my hand well down into the cul de sac, the uterus was lifted forward and the pelvic cavity packed full of idoform gauze, the end of which, as thick as my wrist, was brought out at the lower angle of the wound. The peritoneum and muscular structures were coaptated with a continuous catgut suture and the superficial structures brought together with interrupted silk. The patient was removed from the table in a seemingly good condition, but in a few hours most profound shock resulted and the pulse became very weak and ran up to 150 per minute. Hot water and brandy were given by mouth and *Strychnia* administered hypodermically. The next morning she seemed better and craved food, which was sparingly given; pulse 132, temperature 99. Large quantities of fluid discharged through the drainage. On the third day the temperature and pulse dropped to normal and the patient expressed herself as feeling quite comfortable. As the discharge had almost ceased, the gauze was removed on the morning of the fourth day and a drainage tube substituted. All discharge ceased on the eighth day, when the tube and the stitches were removed. The patient gained rapidly in strength and sat up on the fifteenth day. At the present time, two months after the operation, she has had no further trouble. It cannot be hoped, however, that a complete cure will result when such extensive tubercular infection existed, but as the patient's suffering was severe before the operation, and she was failing so rapidly the operation was certainly a triumph for surgery.

It is well known to abdominal surgeons that tubercular peritonitis is of frequent occurrence. Statisticians estimate that from four to ten per cent. of all cases requiring a laparotomy are of tubercular origin, and fully 12 per cent. of chronic diseases of the appendages are of this nature. The tubes seem to be peculiarly liable to the infection, owing, it is supposed, to the frequent catarrhal conditions that affect their lining membrane. The devastating effects of tubercular affections of the abdominal and pelvic viscera are most serious, and at times difficult to diagnose. This is to be deplored since the only successful management of such cases is by early laparotomy and drainage. As a well performed laparotomy is a comparatively safe procedure, an early operation is to be commended in all cases where obscure abdominal symptoms persist, especially if a family history of tuberculosis exists. I once knew two cases occurring in the same family, sisters, and both were diagnosed ovarian cysts. In dealing with a case of tubercular peritonitis, the most painstaking detail should be observed. All points of infection should receive the attention of the operator and, as far as possible, all the tubercular tissue removed or destroyed. Where the appendages have been removed, the uterus should be elevated and the packing commenced well down in Douglas' pouch. It should be laid in folds and the pelvic cavity well filled. Any circumscribed intra-peritoneal abscess should be dealt with in the same way. In from three to five days the gauze may be removed and, if necessary, a rubber drainage tube supplied. It should be left in place under the proper precautions, until all discharge ceases. The speculative theories as to how the curative action of a laparotomy is brought about are many. To my mind the inflammatory action, incident to the traumatism, in some way brings about the reaction. No conservative sentiment should shield any tissue or organ infected, and owing to the great liability of the ovaries to the disease suspicion should always rest upon them and they should be dealt with relentlessly. A matter of no secondary importance in the management of tubercular peritonitis is drainage. Of the different forms of drainage, that by gauze is to be preferred. It does its work thoroughly and effectually. With it, the abdomen is kept perfectly dry and the danger of outside infection is reduced to a minimum. It can be left in place, if necessary, for days and requires no constant attention as does the tube.

OVARIAN CYST WEIGHING SEVENTY POUNDS. OPERATION; RECOVERY.

Oct. 3, was called to Fort Smith by Dr. J. C. Daily, to see Mrs. Z., German, æt. 57, who was suffering from a cyst in the ovary. The tumor had developed within a year and had attained an enormous size.

After the necessary preparations for a thoroughly aseptic operation I opened the abdomen by a five inch incision. The fatty tissue covering the abdomen was quite thick, but the muscular structures were greatly attenuated. Upon introducing my hand within the abdomen the tumor was found to be universally adherent to the parietal walls on the right side; these were rapidly broken up before the hand was withdrawn. The sac was then grasped with two large volsellum forceps and freely incised with a scalpel, the assistants drawing it forward as the fluid escaped; to facilitate the outflow the patient was turned well upon her side. Multiple cysts existed which were broken up by the hand. After the contents were fully evacuated, the opening in the cyst was securely closed by means of two heavy catch forceps. It was then gradually drawn out through the abdominal incision and the adhesions broken up as they appeared. The omentum was strongly adherent over a considerable area; this was tied in sections with medium sized catgut and cut away. The intestines were extensively and intimately connected by bands of attachment; these were stripped away with the finger, great care being observed lest the peritoneal covering of the bowel be injured. The pedicle, long and large, was grasped by a heavy forcep and severed. It was then transfixed by a blunt needle armed with a heavy catgut and secured by the Staffordshire knot. The vessels were so large that it was deemed safer to additionally ligate them separately. A soft sponge was passed down into either flank, but no fluid came away. The hand was then introduced well down into Douglas' cul-de-sac and the intestines held back, while the pelvic cavity was carefully dried and a large roll of iodoform gauze placed well down behind the womb, and brought together with a medium sized (continuous) catgut suture, and the superjacent structures coaptated with interrupted silk ligatures.

The shock was but slight, the patient rallied well and but little nausea followed. At 5 P. M. she had a chill and at 6 P. M. her temperature registered 103. As she had been suffering from intermittent fever for several days, this was not considered serious. Five grain doses of *Bi-sulphate of Quinine* were ordered given hypodermically every six hours, until the chills were broken. The temperature never again reached 100. A large quantity of serum discharged through the drain for the first few hours, but it entirely subsided by the third day; the gauze was then removed and the opening closed with a stitch. The recovery was rapid and most satisfactory.

INTESTINAL OCCLUSION RESULTING FROM AN OPEN PUS TUBE DISCHARGING INTO THE PERITONEAL CAVITY. LAPAROTOMY; RECOVERY.

October 8th, 1893, operated upon Miss W., æt. 20, who, five weeks previous, was violently attacked with salpingitis, resulting from septic endometritis. The pain was of the most excruciating character, affecting both sides; the temperature was 104, pulse 150, and for three days the collapse profound. An operation at that time was not deemed feasible, as death was expected at any moment. In a few days the patient rallied and an examination revealing a distended tube on the left side confirmed the diagnosis that had been made from the subjective symptoms. A large exudation soon filled the entire left iliac fossa and the right side was exqisitely sensitive. Within a fortnight the fever subsided and the patient began to eat, and gained some in strength, though the pain was unabated, and *Morphine*, ¼ grain twice daily, was required to give rest. The patient had always been delicate, suffered from cardiac disease (aortic stenosis and mitral insufficiency, with consequent dilatation, and took an anesthetic badly); had twice before been anesthethized, and therefore the parents were anxious to avoid an operation and pleaded for delay. In the beginning of the fourth week the condition began to grow worse, the pains greatly increased and symptoms of partial intestinal obstruction were manifest. The *Morphine* had to be increased to half grain doses every six hours, and even then sleep was seldom obtained. I now stated the case plainly and emphatically to the family; told them that complete occlusion might occur at any moment, and that death was inevitable. The poor girl begged for an operation. Consent was given, and I engaged to do it at 11 o'clock the next day (Saturday). Late that afternoon she grew violently worse, an attack of syncope came on and I was hurriedly summoned to the bedside. Symptoms of complete obstruction existed, the abdomen was tympatitic, the pulse was 132, temperature two degrees below normal, and it looked as though intestinal gangrene had taken place. The case was too complicated to attempt an operation by inadequate light, so all I could do was to wait. I gave her ¾ grain of *Morphine*, ordered it repeated during the night when necessary.

The next morning at 9 o'clock, assisted by Drs. Neal, Hughes, Brooks, Lowe and a nurse, I proceeded to operate. The patient was wandering in mind, tongue dry, pulse 135, temperature 96.2, abdomen slightly tympanitic and a well defined tumor or induration filled the left iliac region. The abdomen was opened in the median line by a four inch incision. Upon exploring the pelvic cavity there was not to be found a distinguishable landmark on the left side; ovary, tube and bowel were a matted mass of unrecognizable pathological structure. Without the aid of visual sense I believed that it would be impossible to unravel the mystery, therefore I made a cross incision two inches above Poupart's ligament, carrying it well out to the anterior superior spinous process of the ilium. The deep epigastric artery was cut, which bled furiously, and on account of its retracting, was secured with difficulty. Either flap of the abdominal wall was seized with a forcep and drawn well back by an assistant; this gave me a large triangular opening and greatly facilitated the manipulation. The bowels, adherent in every direction, were separated and peeled off the pelvic walls. In this way the ovary and tube were uncovered and released from their intestinal attachments. Beginning close up to the uterus and carefully insinuating my fingers in back of the broad ligament, the tube and ovary were gradually rolled out, as it were, and released from their attachments. Owing to the thickened and unyielding condition of the ligament it was impossible to include it in one ligature; therefore it was ligated in three sections by heavy catgut, and cut away. The right ovary and tube were next sought. The complications here were not so great; the

ovary was adherent and the tube, enlarged and greatly elongated, was lying low down behind the uterus in Douglas' pouch. They were pulled away from their attachments, ligated by the Staffordshire knot and removed. My attention was next given to the gut. The sigmoid was lying, throughout its entire length, in a mass of exudation and was bound down in every direction by adhesive attachments. The meso-colon and the peritoneal reflectives were so infiltrated that the lumen of the gut was almost entirely closed; it seemed no larger that the little finger and was packed with fecal matter. The adhesions in every direction were broken up and bowel released from its attachments. The fecal lumps were then broken down by gently squeezing and kneading through the intestinal walls. During the manipulations several sponges were packed in the abdomen to hold back the intestines and to check bleeding points. These were now removed; some of them had materially changed position. One, a large one, was discovered lying well up under the liver; it was enveloped in the omentum and was found after much searching and was removed with much difficulty. The abdomen was then flooded with a gallon of hot water (105), all blood clots washed away, then the cavity dried with a soft sponge. A large roll of iodoform gauze was packed in among the intestines on the left side and another placed well down behind the womb in Douglas' cul-de-sac, the ends of both being brought out at the lower angle of the wound. The cross section was closed first. The peritoneum was brought together with continuous catgut sutures and the superstructures with silk. The wound was covered by a heavy dressing of gauze, that was secured by a bandage.

The anesthetic was twice changed. From chloroform to chloroform and ether, then to pure ether, and both strychnine and whisky were administered hypodermically to sustain the failing heart. She went from the table in fairly good shape, and rested well without nausea for three hours, when sudden collapse and syncope came on, attended with most violent pain. I was making visits and could not be found; so my assistant was called. He found her pulseless and shrieking with pain. One-half grain of *Morphine* was given hypodermically, which soon brought the pulse to the wrist and somewhat relieved her suffering. I saw her an hour later, and found a temperature of 103, pulse 154 and weak, tongue dry, eyes sunken, and complaining of most intense pain. I gave another ½ grain of *Morphine* and directed it to be repeated during the night when necessary. She slept none during the night, and though conscious, seemed barely alive. Pulse at the wrist could not be counted. At 6 P. M., 27 hours after the shock came on, she began to rally. I saw her at 8 P. M. and found her with temperature 103.6, pulse 140. From this on she gradually improved. On the third day I removed the drainage. Moved her bowels on the fourth with an enema of ℞ *Mag. Sul.* ℥ij., *Oil Tereb.* ℥j., *Glycerine* fl. ℥ij., *Water* fl. ℥jv. The evacuation was large, watery, and much gas escaped. Two days later the enema was repeated, when the bowels were thoroughly emptied of all the obstructing matter; many lumps of fecal matter came away and the pain grew rapidly less. On the 8th day the pulse registered 120, the temperature 99.2, and the tongue was moist. I removed the stitches and pronounced the patient's condition favorable for recovery. She had a violent attack of cystitis and for weeks suffered from pain, nervousness, nausea, and other aggravating complications.

Upon examination of the specimens removed, they presented curious and interesting features. The left ovary was enlarged to twice the normal size, and cystically degenerated. The cysts numbered from 15 to 18, and contained purulent mat-

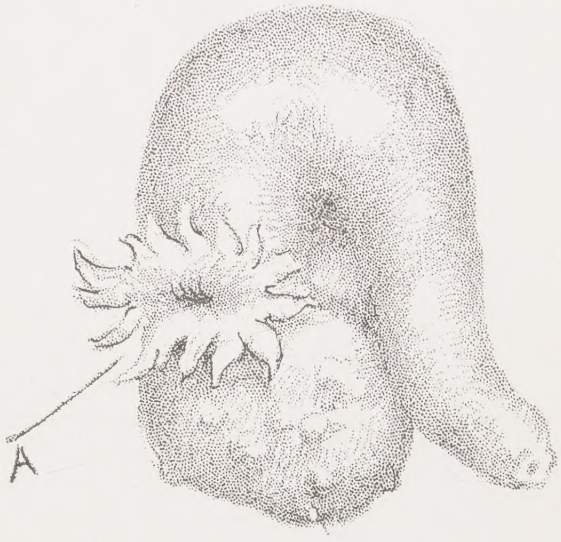

FIG 1

ter. The tube embraced the ovary (fig. 1.), in a circular manner and was densely adherent to it. It was enlarged to the size of the thumb, and was filled with pus. Its structures were infiltrated with inflammatory products and greatly thickened, the uterine extremity closed, but the fimbria patulous (A fig. 1), and emitted pus on the slightest pressure. This escape of septic matter was doubtless the cause of the extensive infiltration and adhesions that existed in the left iliac fossa. The right ovary was even more enlarged than the left, contained many small cysts and a hematoma the size

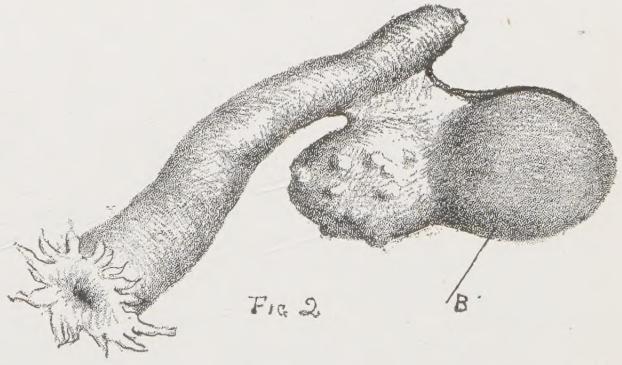

FIG 2

and shape of an English walnut (B fig. 2). The tube was greatly elongated (five inches), enormously enlarged at its free extremity (fig. 2). reminding one of a feather duster, was highly congested and purplish in color.

This case, above all others, verifies the blessing of abdominal surgery. A more desperate one could not be imagined. Death within a few hours was inevitable. The patient, affected with an or-

ganic heart disease—frail, weak and worn out with suffering, praying to die to be relieved of her pain. Every complication that could follow a virulent infection of the peritoneum, existing; necessitating most extensive traumatism of the abdominal and intra-pelvic structures, requiring the most pains-taking, accurate and prolonged manipulations (one hour and thirty minutes), and taxing the coolness, ingenuity and resource of the operator, in the extreme.

Asepsis, careful detail in operating, and thorough drainage saved the patient.

THE OPERATION OF CIRCUMCISION.

By C. F. BENNETT, M.D., Waterloo, Iowa.

In discussing the subject of this article I am aware of dealing with an old one, and I only desire to present an idea, possibly an old one, in a new form.

I first propose an axiom: *Simplicity is perfection.* A perfect operation always approximates a simple one, and the nearer this standard is approached the nearer is the ideal realized. This is true in every thing. That man who in his mind reduces any method, however complex a problem, however intricate or plain, however obscure to such a system that to him it becomes simple, has perfected it. And the reverse is likewise true. So long as anything remains complex, so long it awaits its master to set in order. If this is not self-evident it is at least reasonable, and as true in medicine and surgery as in any other sphere.

I fear this, as a law, is less operative with us than with other progressive mechanics. The reason is twofold. The universal tendency in all ages for the healing art to border on the superstitious still prevails, and among laymen that "medicine man" is most popular who surrounds himself with that halo of greatness, obscurity. Nor do we all strive to throw this off? True, we wander often in new and darkened paths, but someways oft traveled and plainly visible throughout their whole length are beset by many imaginary and traditional dangers. These are handy devices for our protection and necessity will ever cause us to cling to them. Another reason is to be found in the variety of labor before us. One man cannot sit down and devote his lifetime to one operation. Frequently in the trades one man continues for years at the work of making one simple piece of mechanism. In watch-making, for instance, one man sees daily the results of his efforts in completing one simple part. As time goes on his methods are so improved that long and tedious processes become short and simple ones. Hours are reduced to minutes and seconds; and could we in our work, taking the operation of circumcision as an example, remove as many foreskins as the time of eight hours would allow with each case under observation, time certainly would make many changes, simpler methods and more perfect results would be attained.

What would be these changes in the operation mentioned? Notice first the function of the foreskin. It is one, protection. During relaxation it should cover the glans penis and during erection s erve as a lubricating shea h for the whole organ. I am aware there are those who dispute this, but let us see. The glans penis is the male analogue of the female clitoris. Who now would attempt to improve upon nature by exposing this delicate structure to the external irritation of tailor-made clothing, for instance. We should remember, then, this one function, and in our surgical attempts seek not to relieve by removing natural protection.

The meatus of a normal penis is just visible through an aperture of foreskin during complete relaxation. The portion then of this structure which lies anterior to a plane just posterior to the meatus is not needed for protection, and consequently may be removed without substituting even a lack of tissue for a redundancy.

Amputate by grasping with forceps at desired base, drawing forward to avoid glans, and cutting off with one swift clean section, to avoid pain. Chloroform is not necessary. Cocaine in oversensitive patients is admissible. The one clean, quick stroke ends all pain. "What! no more cutting, slitting, trimming, nor stitching?" I hear some one say! That is it. "What about slitting up anteriorily, as is now customary?" Let us see. Nature's laws determine shape and position. If the aperture naturally points downwards, so make the artificial; if upward, do likewise; if straight ahead, observe it. The normal aperture is on a plane at right angles to the axis of the organ, not up nor down. This is obtained by one cut and no slitting up. As to stitches they are harmful and useless. Besides the irritation they produce they tend to leave scallops, which soon go out of fashion. Besides being painful they prevent the formation of extra tissue in case too much is removed. They are of no practical service in controlling hemorrhage. This is easily controlled by hot water and compression. Indications may demand immediate removal of adhesions and irritant smegma. If so, loosen up with blunt probe and cleanse. If not, leave for a second sitting. Do no more; this is enough. The few seconds of pain is of far less moment than the administration of an anesthetic.

The operation then as simplified is: Cleanse, cut off at one cut as desired, level; control bleeding by hot water and antiseptic compress; dress with aseptic unguent, which should have a petroleum base, because it is not absorbed but acts as a protection. If necessary push back mucous membrane around glans or wait till healing is complete, if there is no immediate necessity. Avoid opening a window skywards, for the penis is not an organ of sight.

Permit me to say that I claim no originality in this article. The Jewish race is before our eyes. I realized the fact very forcibly recently when a now rising medical genius showed me his case which he performed upon himself in youth with a pair of shears. The results were perfect and when done even his associates knew it not. His daily work was not interfered with, yet this work was of such a nature that it necessitated almost continuous walking.

Obstetrics.

ERGOT INDISCRIMINATELY IN OBSTETRICS.

By F. C. TITZELL, Lake City, Minn.

As there is nothing new under the sun it is, not with the intention of writing anything new that I

approach this subject. It is, indeed, already worn threadbare; yet I trust there is enough of interest left in it to make it worthy of brief consideration.

In all other special branches of medical practice we are steadily, surely and scientifically advancing; but on this one subject we seem to be "looking backward" instead of forward. If one is to judge from conversations had with medical men with whom he meets, and from the tone and character of articles read in journals on the subject, he can come to no other conclusion than that the practice of giving *Ergot* routinely and indiscriminately after or during confinements is very general indeed.

This practice is not entirely without foundation or authority, for many authors advocate it, some professors teach it, and a great many more, while they do not teach it, at least sanction it. It is claimed that *Ergot* is given as a harmless preventive of a possible or probable post-partum hemorrhage. We do not give our patients who never had a headache medicine to prevent a possible headache; neither do we put a limb in an unnatural state by bandage or splint to prevent a probable injury; yet either would be as scientific as the former. We wait until we get those conditions before we treat them. This is common sense.

There are cases wherein *Ergot* is indicated in obstetrics, and where its potency and efficiency as a medical measure are unquestioned, and where nothing else would take its place. It should be within the reach of every attending obstetrician and used when indicated. But against its use in a wholesale, routine and indiscriminate manner I earnestly and vigorously protest. I now refer to its use in absolutely normal cases of labor. Here it is not necessary, because, if the attendant will grasp the fundus of the uterus through the abdominal walls and follow it in its descent, as it rids itself of its contents, he can produce contractions and thus reduce the chances of a post-partum hemorrhage to the minimum. By remaining by the side of his patient a short time he will soon determine whether *Ergot* is indicated or necessary. Indeed, if in a hurry, he can leave a dose or two with the nurse with instructions to give if needed. In a great majority of cases it will never be given because not demanded.

As to the claim put forth by many that it hastens involution of the uterus, it is a mistake. It is a fact well known that *Ergot* acts upon the lower segment or neck of the uterus first. Its first effect would be, then, to close tighter than normal the lumen of the internal os. Whatever discharge we may have is by this means imprisoned in the cavity of the uterus, and it acts as any foreign body would. It irritates the uterus by its presence and thus it is goaded into an attempt to rid itself of the intruder. It contracts and we have after-pains. These after-pains are more severe than natural, because they have to overcome the normal and natural contraction of the uterus, plus the abnormal and unnatural condition produced by the *Ergot*. They are kept up longer because there is more resistance offered to the egress of clots, and hence we have greater irritability of patient, and more likely demand for opiates.

If the uterus fails in its attempt to rid itself of its contents, there is a chance of an attack of sapremia from the decomposition of the clots and discharges. Indeed, many cases of puerperal fever traceable to no other cause can in this way be accounted for. It the muscular system, as elsewhere, reaction is equal to action. Relaxation follows contraction; abnormal relaxation follows abnormal contraction in an equal degree; therefore, after the effect of the *Ergot* has passed away and reaction comes from the drug action, we have relaxation in a degree equal to the contraction caused by it. The uterus is thus found in a loose, flaccid condition and involution has been retarded rather than hastened.

If a number of patients be examined at the end of the fortieth week after confinement those who have had no *Ergot* will be found in better condition as regards involution than those who had it.

In conclusion, it may be said that by giving it in appreciable doses in these cases we interfere with the working of an organ that is doing its work naturally and effectively, by putting it in an unnatural condition. We interfere with nature and harm rather than good is always the result of this meddlesomeness.

Materia Medica.

NEW HEART MEDICAMENTS.

By E. M. HALE, M.D., CHICAGO.

EMERITUS PROFESSOR OF MATERIA MEDICA, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Every year new medicines from the vegetable and mineral kingdom are discovered which have a special influence upon the heart and circulation. It has been my habit every year to collate from the various journals all that is known of these new cardiac medicaments. It would be more satisfactory if these drugs were proven as soon as known, but this should not prevent our use of them, for we can base our prescription on pathological or physiological indications until such time as we can get guiding symptoms.

Before mentioning the new medicines I will record my conviction that no more potent cardiac remedies will ever be discovered than *Digitalis* and *Nux vomica* and their alkaloids. The former will always remain the drug valuable above all others to regulate the rythm and restore the normal force of the heart's action, while the latter has no rival where, without loss of rythm, the heart muscle becomes feeble and tends to arrest of motion in diastole.

Adonidin.—This glocoside was introduced as a cardiac tonic. Its alleged action on the heart was based on the results of experiments on cold-blooded animals and from the fact that in dropsy from heart disease it caused copious diuresis with improvement in the heart's action. Recent investigations have proved that on warm-blooded animals it does not act on the heart like members of the *Digitalis* group, but is a poison to the medulla oblongata. Any action on the heart which we would get in provings on man would be through its action on the medulla. Its favorable action on the heart in case of dropsy is probably due to the diuresis which it causes, for it is a well-known fact that if we disperse the dropsy when due to cardiac disease by the diuresis of catharses, the condition of the heart quickly improves. The dose of *Adonidin* should not exceed one grain of

the sixth trituration three times a day. The second trituration often acts better when given in three-grain doses every two or three hours.

Coronillin.—The glucoside from *Coronilla scorpioides*, an European plant, is equal in power to *Digitalin*. Not sufficient experiments have been made on warm-blooded animals or provings on men to enable us to decide just how it affects the heart. We only know from empirical data gained from its use in dropsy from cardiac disease that it causes profuse diureses followed by great improvement in the condition of the heart. One authority who has experimented with it says it differs from *Digitalis* in not causing as much contraction of the arterioles as *Digitalis*. The dose is one or two grains of the second or third trituration.

Phyrnin.—This is an exceeding active poisonous alkaloid extracted from the poison glands of the skin of several species of toads. It is said to act like *Digitalis* in much smaller doses. I have not been able to procure any of it. It will be remembered that Mure, a Brazilian physician, published some provings of the skin of the toad of that country. His proving contained no cardiac symptoms, but Houatt's provings had several, among which were painful sensation, intermittence and irregularity. Few physicians have any confidence in Houatt's provings. He either imagined his symptoms or had an organism of such exquisite sensitiveness that a single atom of any substance would cause symptoms of the most severe and terrible character. Such provers are the bane of our system, for, granting their provings to be genuine, they would be of no value to the mass of patients. But to refer to *Phyrnin:* a correspondent of the *Homeopathic World* narrates a story where it was stated that a woman wishing to rid herself of her husband who was too slowly dying of heart disease, put a toad in his wine. To her astonishment her husband began to improve rapidly, and was soon out of danger. The correspondent accounts the cure as due to the poison, *Phyrnin* acting as a powerful cardiac tonic. It is said that trustworthy members of our school have reported cures of epilepsy and chorea with *Bufo* (which contains *Phyrnin*). As some forms of these diseases are caused by, or closely allied to, some cardiac disease, we may find *Bufo* valuable in some anomalous heart diseases. It has at least been proven that "venom of toads" is not a myth.

Dr. Dudgeon, Montague Square, writes; "Apropos of your paragraph about the unintentional cure of a case of dropsy by the infusion of a toad in wine, it may be mentioned that the toad, or certain preparations of it, long enjoyed a reputation as a remedy for dropsy. In Salmon's *Doron Medicum* (1583), after a description of how the volatile salt is to be obtained by the distillation of the dried animal, the author proceeds to enumerate the diseases in which it has been successfully employed. Among the rest he says: 'The volatile salt of toads is said to be a specifick in the dropsy.' According to an old French author, J. G. Hoyer, the animal dried and reduced to powder is useful in various kinds of dropsy. A tincture of the poison from the cutaneous glands, obtained by irritating the animal, is used by the Homeopathists. Some remarkable cures of epilepsy are recorded as having been obtained by its use by Dr. Saville and Dr. Bojanus."

Carpaine.—This is an alkaloid obtained from the leaves of the carica papaya, or "paw paw" tree, of Florida and the tropics. It is from the fruit of this tree, which looks like a small melon, that the digest variously called papayotine, papaine and papoid are made. It is said that this digestive principle is found also in the leaves and bark, but the juice of the leaves cannot be inocuous if *Carpaine* is found in it, for it is a heart poison like *Digitalin*.

Dr. Von Orfele, who experimented extensively with *Carpaine*, found it to act like the *Digitalis* group of cardiac drugs. In doses of 3/8 grain per diem it caused similar disturbances in the rythm, blood pressure and the pulse characteristic of *Digitalis*. He also found that *Carpaine* was the only congener of *Digitalis* that could be used hypodermatically without causing irritation and abscesses. The cardiac diseases for which it has been found most useful are aortic insufficiency and stenosis. In doses of 1-10 grain daily it effected reduction of the frequency of the pulse, also alleviation of the dyspnoea, and doubled the quantity of urine. This means that in doses of one or two grains of the second, repeated several times a day, it will be of benefit. Or, it is probable that the writer means that the 1-10 grain be given at a single dose, as the 1-60 grain of *Digitalin* is now often given and allowed to act for a day or two.

The Coal Tar Derivatives.—*Antipyrin, Antifibrin, Exalgine, Thallin, Phenacetine*, etc. The value of these medicaments in diseases of the heart is still an open question. There is much discrepancy in the symptoms obtained from experiments on men and animals. We have yet no provings of any value, but we can perhaps utilize some of the symptoms due to poisoning. They all act on the spinal cord and nerves—principally the nerve endings—both motor and sensory, which they paralyze. In this way they cause toxic symptoms and death by paralysis of the heart and respiratory system. Like all cardiac poison of the *Digitalis* type they cause increased force and action of the heart when given in small doses. Even large doses sometimes have this effect, but it is followed by a decreased blood pressure, loss of rythm, cyanosis and finally paralysis in diastole. Nearly all cause, in addition, tremors, loss of reflexes, convulsive movements, lowered temperature, frequent, irregular, superficial respiration, coma, general paralysis, deafness with tinitus. Like *Quinine* they sometimes produce symptoms just opposite from those expected. They sometimes increase the temperature to high febrile heat, and often excite the brain instead of acting as a sedative, and will cause violent pain instead of relieving it. They should all be used with care when given in physiological doses. I rarely use any but *Phenacetine*, because that is the safest and rarely if ever causes pathogenic symptoms even in large doses (5 to 15 grains), while it will generally accomplish all that the others are capable of in the way of cure or palliation. I rarely if ever use it for fever, believing that the fear of high temperature is unfounded, but resort to it for the relief of pain, nervousness, sleeplessness and

mental depression. The question of their Homeopathic use is an unsettled one. I have often thought *Phenacetine* in the second useful in weak, irregular heart with venous stasis, and slight cyanosis, but am not able to give definite indications. It is certainly useful in some forms of nervous cardiac disorder, such as it will cause—namely: palpitation, irregularity and some pain. One of these derivatives—*Mono-bromo-acetanalide*—may be found useful in minute doses in angina pectoris, for H. C. Wood, in his *Materia Medica*, says: "Seven and a-half grains of it produced marked cyanosis, giddiness, intense headache, violent cardiac pain resembling that of angina, loss of consciousness, great feebleness, feeble, rapid pulse and mitral systolic murmur."

Cardine.—*Cardine*, prepared from the heart of animals, preferably the ox, is, according to Dr. W. A. Hammond, a powerful cardiac tonic. He found it to have the following physiological action when given to healthy persons either hypodermatically or placed on the tongue. He says that when enclosed in a capsule or other covering and swallowed no effect is observed, but if a few drops (5 or 10) are placed on the tongue and allowed to be absorbed, its effects will soon be felt. "Within ten minutes the pulse becomes fuller, stronger and sometimes more frequent; arterial tension is augmented by 10-18 ounces; and the number of red corpuscles in the blood is also increased. For these reasons the author considers *Cardine* to be a heart tonic of great power, a diuretic of notable value, and an agent capable of exercising a marked effect on the composition of the blood. The investigator stated that he employed *Cardine*, not only in cases of cardiac weakness, but also, and even more frequently, in nervous prostration with anemia, and sometimes chlorosis. In mild cases a week or ten days' treatment has been sufficient; never were more than four or five weeks required." Dr. Hammond in his article on this extract reports a good many cases where great benefit resulted from its use, both in cardiasthenia and heart strain as well as hypertrophy with dilation and deficient compensation. Five drops of the solution of *Cardine* were injected every day or put on the tongue. Slight pathogenetic symptoms were caused. There is no reason why our first or second attenuations in distilled water would not be effectual if repeated every three or four hours.

MATERIA MEDICA MELANGE.

BY W. A. DEWEY, M.D., NEW YORK.

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Chenopodium has "deafness to sounds of the human voice," but exquisite sensitiveness to other sounds, thus affecting only a certain part of the auditory nerve.

Taraxacum cured for Hafa a case of neuralgia of the knee; he was led to it by the symptom of relief from being touched, the pain ceasing when pressed by the hand.

Chlorides as disinfectants have their dangers; they are apt to cause laryngeal complications and aggravate cases of diphtheria, croup, etc., at least such has been the experience of a writer in the *Medical Visitor*.

Bellis perennis is curative in cases of skin disease when originating in a sudden chilling from water. Dr. Burnett regards this indication as infallible as is the action of *Arnica* in concussions. It might be said in passing that *Bellis* has been highly recommended for bruises and sprains; this point has been shown in its provings.

Cedron 200 cured a case of convulsions which occurred regularly at 6 P. M., the only indications being the fact that the case was due to masked malaria and the fact that the paroxysms occurred with clock-like regularity.

Cineraria maritima, two drops of the juice instilled into each eye three times a day, relieved a case of total blindness from soft 'lenticular' cataract.

Dr. Burnett claims that his *Baccillinum* is by no means identical with Swan's *Tuberculinum* or with the *Tuberculinum Kochii*. *Baccillinum* contains all the material constituents of the tubercular process, including the baccilli themselves.

Saracenia 3x is said to be a preventive of small pox. It succeeded in a number of cases which had been exposed, in either aborting the disease or in modifying it. Hahnemann recommended *Thuja* as a prophylactic in this disease.

There should be some uniformity in the matter of contractions used to designate our remedies, if the reprehensible practice of using contractions is to be permitted at all. It looks bad in print and sounds worse to hear in medical meetings such contractions as *Kali bi.*, *Nat. mur.*, *Nat. phos.*, *Gels.*, *Merc.* and others of like nature; and to make matters worse we are often offended in our asthetic sense by seeing a dozen or so of different contractions for the same drug in a single article, for instance: *Nat. sul.*, *Nat. sulf.*, *Nat. sulph.*, *Nat. sulfur.*, *Nat. sulphur.*, *Nat. sulphuricum*, and when we consider that *Natr.* as a contraction can be put through all these changes and add thereto all the changes that can be rung by using the initials of one or the other of the words, we have a condition very much like that brought about by the different transpositions of the well-known line

"The plowman homeward plods his weary way."

A striking example of the absurdity of contractions and their relations to science occurred a few years ago in San Francisco. The new academy of science building when completed was found to have in large letters upon its facade, "The Cal. Acad. of Sci."

This remained there only long enough for the ridicule of the press to strike home, when it was removed.

P. S.—The December number of an excellent Homeopathic journal contains a new contraction: *Pot. bich.*

Every year there is creeping into our meetings more and more of this tendency to base the prescription on something else than the totality, and this way of using nosodes merely on the name of the disease. *Syphilinum* for syphilis, *Medorrhinum* for sycosis, *Tuberculinum* for tuberculosis, and so on, is death to true science. We might as well have no materia medicas. G. H. CLARK.

Hahnemann on Palliatives.—"I do not fail to recognize the great utility of palliatives. They are often not only quite sufficient in cases appearing suddenly and developing rapidly, but they have

advantages indeed, where aid cannot be postponed for an hour or even a minute. Here, and here alone, are palliatives of real use."—*Boenninghausen's Aph. des Hippoc.*

Phytolacca is said to be one of the most often indicated remedies for rheumatism in the scalp; the pains are dull, come on every time it rains, with depression of spirits.—*American Homeopathist.*

"Rational Medicine" has made an important stride during the year just past, and has added to its list of "rationalities" the treatment of disease by means of animal extracts. True this has been touched upon in the past in the matter of Brown-Sequard's *Testicular Rejuvenating Fluid*, which, latterly, has been improved upon in a marked manner by Dr. Hammond, who, in a moment of rare mental acuity substituted the testicular juice of the ram for that of the guinea pig, but never in such an extensive manner as is now advocated. Dr. Hammond, Surgeon-General of the United States (retired list), in several articles has advocated the use of remedies, the following being some of which: *Musculine* for all troubles of the muscular system; *Cardine* for cardiac troubles; *Cerebrine* for cerebral affections, which, by the way, acts in the same manner as *Spermine*, which is a crystalline substance found on old specimens of brain and other nervous tissue preserved in alcohol; *Ovarine* for ovarine troubles, and so on. Among others we have *Meduline, Testine, Extract of Thyroid Gland*, a remedy for myxoedema, and others too numerous to mention. Another shining light of the antique school has sought to improve and simplify Dr. Hammond's system by reducing the number of these preparations to four, namely: *Neurine, Vasculine, Musculine and Glandine*, which would hit all of the tissues of the body excepting the skin and bones, and these could be supplied later if occasion required.

It is difficult to say what will be the outcome of this latest "*rational*" craze; it is highly probable, however, that it will go the way of the testicular fluid above referred to, the tuberculous sputa of Koch, the sulphurated flatular treatment of Bergeon, and the hydrophobic madness of Pasteur. It would be better for the Allopaths and their patients if they would spend their spare time discovering (and appropriating) the Homeopathic materia medica.

Dermatology.

BROMIDE AND IODIDE ERUPTIONS.

Synopsis of a Clinical Lecture by H. Radcliffe Crocker, M.D., F.R.C.P., Physician for Skin Diseases, University College Hospital, London. From *British Medical Journal*, Dec. 2, 1893. With photo-gravure.

It is an unfortunate circumstance sometimes attending efforts to cure disease that the action of drugs employed may produce disorders of various organs, which may lead to consequences as serious as the disease under consideration, and even fatal results may be induced. The skin disorders thus produced are styled "drug eruptions," or "dermatitis medicamentosa."

Ofttimes drug eruptions have to be differentiated from erythematous diseases, as measles, scarlatina, rotheln, and even from variola, vaccinia and syphilis.

Sometimes a very small quantity of a drug will produce violent dermatitis. *Quinine* does this with some people.

The forms of eruption usually produced by drug action are for the most part erythematous, urticarial, vesicular, bullous or pustular. Of the twenty-eight drugs known to produce drug eruptions twenty-three excite erythema. Of the other five three produce vesicullar or bullous eruptions and only two urticarious eruption.

BROMIDE ERUPTIONS.

These may be erythematous, urticarial, squamous, bullous or pustular. They are probably due to the special and direct action of the drug, as with the iodides also, on the vascular walls.

The only characteristic lesions due to this drug are the conglomerate, bullous and pustular.

Among pustular lesions from bromides only the conglomerate is distinctive. Isolated pustules are quite common in those taking bromides—bromine acne, as it is termed. Individually the pustules look like acne vulgaris, but they are usually softer, have no attending comedones and no special distribution. They are generally of rapid and almost painless evolution, occur chiefly in epileptics and have no necessary connection with the age of the patient, as do acne vulgaris pustules. The conglomerate form is much more important and often produces a formidable eruption.

The drawings (Figs. 1 and 2) are taken from a child, A. F., 1½ years old, admitted into the East London Hospital for Children. Five weeks before admission the child was treated for bronchitis. Two days later an eruption appeared over the lower part of the legs, "like small blisters, which sooner got larger and ran together" and in a week a large swelling had developed. The child was soon after taken to another doctor but the rash continued to be evolved and a third was called in, but the rash still increased. What the medicines were could not be ascertained. Vomiting after food was the only symptom. Besides the lesions depicted there was abundant eruption on the front of the legs, but elsewhere there were only a few other lesions on the abdomen, face, scalp and right arm. There was no pain or itching. No medicine was given for a week and no fresh lesions appeared, but there was a little more ulceration. Liq. arsenicalis was given, first in 1-minim doses and subsequently 4-minim doses three times a day, and in a week there was marked improvement in the rash but the child was unwell, with a rise of temperature, and soon meningitis developed and death occurred in ten days. Most of the eruption by this time was almost well. Although the administration of *Bromide of Potassium* could not be proved from the history, there was not the least doubt about the diagnosis and the ready response to *Arsenic* was confirmatory evidence.

The next drawing is that of a boy, aged seven months. It is an extreme instance, owing to the drug having been continued for three months. The first appearance of the rash was interesting, as the doctor in attendance thought it was chicken-pox, and the lesions became purulent next day. The lesion near the ankle is to be specially noticed, as it is so like a papillomatous growth. The rest of the lesions individually correspond with

TO ILLUSTRATE DR. RADCLIFFE CROCKER'S CLINICAL LECTURE ON ERUPTIONS FROM BROMIDES AND IODIDES.

Fig. 1.—Bromide eruption: case of A. F.

Fig. 2.—Bromide eruption: case of A. F.

Fig. 3.—Bullous iodide eruption in a man with albuminuria.

the previous description, but the whole is so closely aggregated that, on the scalp, it forms a crusted, closely-fitting cap, while the number of lesions on the face is only moderate.

Though the eruption may occasionally be seen in adults, it is much rarer in them than in children.

Take a single typical lesion and examine it; it is a raised bright-red vascular plateau, soft to the touch, on which there is a close aggregation of pin's-head sized pustular points; the whole lesion varies from a threepenny piece to a shilling in area, but is sometimes larger from aggregation. This description perhaps suggests a carbuncle, but there is little or no pain during or after involution; the color is a bright, not a livid red; the base is soft instead of brawny to the touch; there is no induration beyond the sharply-defined border; no central slough or oozing of pus, but the latter dries up into an irregular sulcated scab of a yellowish-brown or greenish-black color. The number and aggregation of the lesions and the absence of constitutional disturbance are important criteria. Another peculiarity is the selective affinity for scar tissue. This of itself shows that the glands of the skin are not the seat of the lesion, and when the vaccination scars are the site of the eruption it may in a young child lead to the erroneous idea that it is due to faulty vaccination.

IODIDE ERUPTIONS.

In Fig. 3 the patient was a man aged 30, a painter. Recognizing that the eruption was due to *Iodide of Potassium* I inquired for kidney or heart disease, which might interfere with elimination, and I was informed that the man had albuminuria, probably from the large white kidney, and that he had taken five grains of *Iodide of Potassium* three times a day for four days, and that the eruption had begun to appear a few hours after the first dose. As usual, in spite of their bullous appearance, on pricking one of the lesions only a small drop of clear fluid exuded, the pseudo-bullæ being, in fact, solid. The discrete bullæ were distinctly raised about one-eighth of an inch, were flatly convex, of pearly translucent appearance, with a narrow red areola. Many were confluent into large plateau of several square inches in area, but the component elements of the patch were still discernible. Under the microscope the solid nature of the lesion is evident. It is due to a copious cell exudation pushing up the epidermis as a whole.

DIFFERENTIAL DIAGNOSIS.

On comparing bromide and iodide eruptions we find great resemblances, but also a few differences which enable us often, but not always, to distinguish the one from the other. The compound iodide eruptions are, as a rule, bullous or pseudo-bullous, which is a rare form of eruption from *Bromide of Potassium*. On the other hand, I have never seen in iodide eruptions the aggregation of small pustules on a raised inflammatory base which is typical of bromide rashes.

Bromide eruptions are most common in children, those from iodides in adults; but this is probably largely because children seldom have *Iodide of Potassium* given them, and, except to epileptics, bromide is not often given for any long period to adults, while iodides are very frequently given to adults for many conditions. Nevertheless, there is over and above this a special susceptibility in infants to bromine in all forms, and even such small quantities as could be derived from the mother's milk when she was taking the drug have produced the eruption in the suckling infant. There is no doubt, however, that iodide eruptions are the most serious in persons with defective elimination, as several fatal cases testify.

TREATMENT.

Treatment of these cases, both from bromides and iodides, is simple. Of course the drug must be stopped; but the eruption, it must be borne in mind, may continue to come out for eight or ten days after the cessation of the exciting cause. If the patient is old enough, copious diluent drinks should be given to promote diuresis. Liquor arsenicalis in three to five minim doses three times a day should be given internally, and simple antiseptics, such as boric acid ointment, may be applied externally if there is any denuded surface requiring protection. Under this kind of treatment the lesions dry up, shrink, and involute, so that when the scab falls off nothing but a reddened surface marks the site of the lesion. Occasionally a few hypertrophied papillæ require to be snipped off. Much, however, may be done in the prophylaxis fo these eruptions.

Do not give iodides to people with chronic renal or heart disease. Where, as in epileptics, bromides have to be taken for long periods it is often possible to omit the bromides for one, or even two, days a week without losing control over the fits Arsenic, too, has a prophylactic as well as curative effect for both bromide and iodide eruptions, and two or three minims of Fowler's solution may be combined with the bromides; but this, too, should not be given for long periods continuously, or arsenical pigmentation and keratosis may be produced in a high degree.

NOTE.—It is not believed an apology to even the most ultra-Homeopathic of our readers is necessary for introducing the foregoing article, even that feature of it dealing with the matter of treatment. There is a good deal of valuable information in the lecture, and a great deal of crude Homeopathy, from which the careful student of Similia can draw no little helpful information. For the photographs are striking and tell their own story of drug abuse of the sick.—EDITOR MEDICAL CENTURY.

Practice of Medicine.

MEDICAL CENTURY CLINIC.

The readers of the MEDICAL CENTURY are especially invited to contribute freely of their practical experiences and helpful suggestions for this department of the journal. Materia medica mites, practice pointers, surgical splinters, gynecological gems, etc., short, sharp and to the point, are desired in abundance. "Brevity" is the shibboleth.—ED. MEDICAL CENTURY.

Uterine Hemorrhage —Trillium.—I am prompted by your recent capital editorial, "Get out of the Rut," to send you the following clinical item for the MEDICAL CENTURY:

I was called to see a married lady who had attempted to produce abortion. She was flowing. Indicated remedies promptly set matters right. Two months after I was called again to find exactly similar conditions save that the flow was more profuse. I now tried everything to check it but failed and began to feel uneasy. Finally I found, in Lilienthal's Therapeutics, under *Trillium*, "All kinds of hemorrhage." On studying Hering's Indications I felt satisfied

that I had found what was needed. I gave *Trillrium pend.* in the tincture in drop doses every half hour, increasing the interval between doses on the first sign of improvement. The drug acted kindly, promptly and comfortably. The recovery was rapid and most satisfactory in every respect. The nature of the case was this: Not much pain, flow sluggish, but rather profuse, blood very changeable in appearance, being at times light colored, then bright red, brown, dark and even black by turns. The patient was weak and aenemic.

Apollo, Pa. James Edgehill, M.D.

Mastoid Abscess *vs.* **Otalgia.**—Mastoid abscess: Fever, probably local redness and swelling; may be preceded by chills or rigors; severe pain, aggravated by pressing back of ear. No especial time of aggravation. May rupture through external auditory canal.

Treatment—It may be justifiable in some cases (especially when operation is declined) to treat these cases with fomentations and such remedies as *Hepar*, *Silicia* or *Mercurius*, etc., internally, waiting for resolution, rupture or cerebritis. But the proper treatment is to open the mastoid cells with chisel or gouge, one-fourth of an inch back of the bony margin of the auditory canal, clean out with *Per-oxide of Hydrogen*, curette if necrosis exists, douche with 1-3000 *Bichloride* solution and close with opportunity for free drainage. Internal medication as indicated.

Otalga: Fever the rule; or no fever. Violent pain aggravated by pressing (over tragus) in front of the ear. Aggravation usually at night. Tympanum probably injected. Some tendency to suppuration.

Treatment—Dry or moist heat locally. Paracentisis of tympanic membrane if much bulging occurs. Instill into the ear a few drops of equal parts of tincture of *Aconitum* and *Opium* warmed.

Internally we may find indicated the following and othes remedies: *Aconitum*, *Belladonna*, *Mercurius*, *Pulsatilla*, *Kali bichromicum*.

Warsaw, Ill. J. W. Parker, M.D.

Pneumonia—Podophyllum.—A man, aged 23 years, a strong, healthy laborer, was taken ill on March 23d with a chill which was followed by fever, pain in the right side of the chest and headache. I saw him on the 27th for the first time. He had then a splitting headache and a very hard cough. The cough was dry. He had had severe stitching pains in right chest at first and now there was additional dull pain all over the posterior portion of the lung and also the liver. Thirst was great, bowels were constipated, tongue coated with a heavy yellowish white coating, urine scant and dark red, expectoration streaked with blood, dulness over the entire right lung. Not only were the pains in the head worse from coughing, but all the pains were worse from motion. Surely this man needed *Bryonia* and I gave it, in the sixth attenuation, every two hours. On the next morning he was no better and the only change I could see was that the pains were still worse from motion. I gave *Bryonia* in the thirtieth this time. There was no change for the next two days except that I could discern slight yellowness of the sclerotics. On this symptom I discontinued the *Bryonia* and gave *Podophyllum*, second trituration, a powder every two hours. On the next day he was better in every way. Bowels have moved twice; cough was less; pain less. The interval between doses was lengthened to four hours. Under this remedy the lung and all other conditions cleared up and the man was dismissed on April 10th.

Another case was that of E. R., aged 26, paper hanger, who was exposed to cold and wet on April 12th. I was called to see him two days later. Conditions and symptoms being the same as in the case recited, except that there was no thirst, I gave *Bryonia*, sixth. Not being better next morning I gave *Podophyllum*, second trituration, a grain every two hours. Improvement set it at once and the case was dismissed on the 20th.

These are the only cases of pneumonia I ever cured with *Podophyllum*. Why did not the *Bryonia* do the work? In talking with a brother physician about a week later he remarked that he found a great many cases calling for this remedy low.

Des Moines, Iowa. George Royal, M.D.

A Lycopodium Cure.—About 8 A. M. June 10th, 1893, I was called to see P. M., aged 22. He gave the following history: Always well till April 17th, when he contracted a severe cold. An old school physician had "broken the cold," but inflammation of the bowels followed. "Torpidity of the liver" also ensued, and for this the doctor had given him massive doses of cathartics. He had a little fever at first but none now. Present condition: Pain and swelling in the right inguinal region which is very sensitive to touch; senitiveness over entire hepatic region, so marked that even breathing caused pain; there is a sallow, dirty complexion and the patient is greatly emaciated; tongue quoted white; hungry but cannot eat more than a mouthful at a time because of the severe distension of the stomach which ensues; food causes so much gas that it can be heard ten or twelve feet away; thirsty but dare not drink because it causes pain in the stomach; sleeps poorly, never more than an hour at a time. He was taking *Morphine* for the pain, *Belladonna* and *Aloes* for the constipation, *Bismuth* for the stomach and and a little *Calomel* for the liver. These were rotated every hour.

Two thoughts forced themselves upon me. 1st, Nothing will save this man: 2d. This is a good case in which to try *Locopodium* high. I had nothing higher than the 200th in my case and so left him a dose of that, ordering all the remedies he was taking discontinued and thrown on the ash heap. At 2 P. M. I was recalled. He had forgotten to tell me that he had been obliged to have his urine drawn. On using the catheter I found a large quantity of pus, and by close questioning learned that he had suffered an acute attack of cystitis which was now chronic and suppurative. I took his brother to my office and sent some *Lycopodium*, 6m.

June 12. Less pain in stomach. Less gas. Pus from bladder more profuse. Micturition less painful. Urine more profuse Continued the remedy.

June 13. Slept better last night. Can eat more. Gave *Sachrum lactis*.

June 15. A little improvement, but not much. But little pus with the urine. Gave *Lycopodium*, 6 m., again.

June 19. Improvement marked. Can sit up. No pus in urine. Has eaten a good meal and can sleep three hours at a time. *Placebo*.

June 22. Not much change, *Lycopodium*, 40 m. J.

July 5. There has been rapid improvement. Eats well, sleeps well, bowels regular, pain in right groin better but cannot yet straighten leg. Continued the remedy in the 40 m.

July 12. Improving in every way. Treatment kept up unchanged.

July 22. Walked to my office, 1½ miles. Gaining flesh rapidly.

August 16. Came in to settle bill. Says he is perfectly well and weighs thirty pounds more than ever before.

I gave the *Lycopodium* every four hours at first, afterward once daily. GEORGE ROYAL, M.D.

Des Moines, Iowa.

A Case of Unusual Injury.—John McCloskey, æt. 26, Irishman, while lying asleep on a flat car in the railway yards of this city on the night of July 11th, 1893, was, by the movement of the car incidental to adjoining cars being spurted, thrown from his resting place. He fell crosswise of the rail, directly in front of the advancing wheels, one of which passed partly across his body, and then stopped.

Attracted to the spot by his cries the railway men signalled the engine to go ahead, and he was lifted from the roadbed, one rail of which was literally smeared with his flesh. The nearest physician was hastily summoned, who gave him hypodermics of brandy, and he soon rallied somewhat; was placed upon a cot and conveyed to Riverside Hospital, where I saw him about 11 o'clock. The few remaining strands of a dirty shirt were cut away, disclosing an abdomen denuded of integumental and muscular structures down to the transversalis muscles, which were badly lacerated. The wound extended to within half an inch of the umbilicus, and was covered with sand, clinkers and bits of coal. The hemorrhage, which had been extensive, had partly ceased, and torsion of the remaining parts stopped it entirely. The wound was thoroughly irrigated with 1-2000 *Bichloride* solution, all foreign matter removed, and an *Iodoform* dressing applied. At intervals through the night, as he complained of pain, hypodermics of *Morphine* were administered.

July 12, 6:30 A. M. Pulse 104. Temperature could not be taken on account of the ugly disposition which the patient manifested. Respiration 20. Patient restless. Vomited, but with all very weak. Hypodermics of whisky given.

Attempts at catheterization with ordinary catheter having failed a prostatic catheter was passed at 10.30 by the aid of digital manipulation per rectum, and a couple of ounces of highly colored offensive urine withdrawn. The patient was placed on the operating table and sufficient ether to act as a stimulant given, when the dressings were quickly removed and a more careful examination instituted. The right os innominatum was found to be badly crushed and an incision was made over the crest, three inches in length, and extending down to the fragments, which were removed, seven pieces being cut away, and the jagged edges of the remaining bone trimmed with forceps. The abdomen was now opened and its contents examined. The viscera were intact although there were profuse evidences of advancing inflammation. The abdominal incision was sutured, and the whole wound packed with iodoform gauze. Throughout the whole of the day hypodermics of *Strychnia* were given and crushed ice, to allay the intense thirst, about which the patient constantly muttered.

July 13th, 7:30 A. M. Pulse 60. Temperature 99.80. Slept part of the night. Delirious at this time. At 9 A. M. he was unconscious and died at 11:30. CHAS. F. GRANGER, M.D.

Rochester, Minn.

Bilious Colic. *Colocynthis* second and *Iris versicolor* second, in alternation rapidly, have very rarely failed, and I have had some alarming cases.

Mercurius sol, third trituration, in water, once speedily changed a case of whooping-cough from what seemed a case of impending death to a rapid convalescence in an infant, without the aid of any further treatment. It was presented for the following peculiar cough, I found the similium in Johnson's Ther. Key. Two paroxysms succeed each other, then a rest, followed by another two, and so on.

Kali bichromicum, third, once charmingly ended a very fatiguing and constant dry exhausting cough, in a chronic case of bronchitis, in an old man.

Vertigo. Conium, third, and *Iodium*, third, have been able to compass nearly all cases (except gastric) in the aged, the distinction being for *Conium;* dizziness on turning over in bed. In gastric cases, *Cocculus, Carbo veg.* and *Nux* for their well known indications, delight patient and physician. In fact, one might call *Conium* the "old man's friend." Vertigo, prostratic troubles, and failing leg power, are many times cleared away by it. *Potassium iodide*, ℈j to *Aqua* ℥iv, teaspoonful doses three times a day, produced complete relief from nocturnal pains in a case of tertiary syphilis, after a year and a half's ineffectual treatment by old school.

Theuja occidentalis, externally, twice a day, and third, internally, 4 pills four times a day, completely removed a large condyloma of generous dimensions on the glans penis, said (?) to be nonspecific, by one renewal of prescription.

St. Joseph, Mo. H. T. KEENER, M.D.

Legislation.

THE GEORGIA MEDICAL BILL.

Argument in opposition to Senate Bill No. 51, entitled "An Act to establish a Board of Medical Examiners for the State of Georgia, and to protect the people from illegal and unqualified practitioners," before the Committee on Judiciary of the House of Representatives.

BY F. H. ORME, M.D., ATLANTA, GA.
EX-PRESIDENT AMERICAN INSTITUTE OF HOMEOPATHY.

MR. CHAIRMAN: It may be proper to remark at the outset that I may perhaps be regarded as a quasi-representative of the Homeopathic school of medicine, as I have the honor to be chairman of the Committee on Legislation of the American Institute of Homeopathy, the national representative body of that school. As such it is my duty to keep a look-out for proposed medical legislation, to oppose such as may appear to be sectarian or harmful, and to encourage and foster such as may be to the true interest of the profession and of the people. At all events, as a member of the general profession and as a citizen of Georgia, I

respectfully ask to be heard in opposition to the measure you now have under consideration.

The proposed bill, doubtless drawn with good intentions, was still prepared with the fallacious expectation that it would be satisfactory to all parts of the profession, while those of one school only were consulted—a marked example of the bad judgment of reckoning without one's host. It was presented to the Senate Committee as one likely to have unanimous approval, as it was made to appear to be fair, and so committal to its support was secured. When, afterward, the plan was discovered by those injuriously affected, and objectors were allowed a hearing, it was before a committee already committed, the result being, as you know, what had been predetermined.

The bill is earnestly opposed as unnecessary and harmful as well as contrary to correct principles of legislation, by all of the Eclectics, all of the Homeopathists, and a considerable portion of the "regular" school. It is unnecessary, because we now have a good medical law, and the profession is elevating its own standard of education in the proper way. The claim that it is for the protection of the people is met by the simple question, Are the people clamoring—has the legislature been memorialized—for this paternalistic protection? At the most, the only protection the Georgia colleges could reasonably ask would be an amendment to the present law providing that, after a certain date only those should be allowed to register who are graduates of colleges giving three courses of lectures. The motto of the old Democratic Review "That government is best which governs least," if not a maxim of general application, is at least worthy of consideration in the present case. Without clear necessity existing laws should not be changed.

This bill of the "regular" school is a long step backward, inasmuch as it provides for the establishment of a medical examining board; for, of all evils connected with medical legislation, the board evil is the greatest. The board proposed by this bill would be in effect sectarian, and on this account should fail of legislative or executive approval. I do not mean to charge that my friends who are the promoters of this bill framed it exclusively for sectarian purposes, although the sectarian advantage it gives is probably no blemish in their sight; but I do mean that it is on the line of a great sectarian scheme, and would be offensively sectarian in effect, as will be shown.

A number of years ago, when the American Medical Association met in New Orleans, it resolved to propose to all of the states the adoption of a form of medical board bill then prepared, knowing that the dominant school would thus have the control of the licensure in its own grasp. The *ad captandum* plea of protection for the people was one thing, the intent of obtaining power was another. However plausible may appear the idea of boards to supervise the work of the colleges, the boards themselves have proved to be more decidedly in need of supervision. Of course, the chief object of this scheme was discerned, and soon after the Southern Homeopathic Medical Association took strong ground against the formation of boards at all. The American Institute of Homeopathy, representing twelve thousand or more practitioners, has taken the same position, holding, however, that where boards are determined upon a board for each of the three principal schools in medicine should be established, each board to have complete control of the examining of the applicants of their respective schools, which would probably not be acceptable to our "regular" friends, and which would also be undesirable on many accounts.

In pursuance of the plan of the American Medical Association, the Georgia Medical Association, through a committee, proposed the adoption of a one-school board of examiners, affecting liberality by allowing members of what they were pleased to stigmatize as "exclusive" systems to be examined on materia medica by a practitioner of one of those systems, which examination in that branch was to be received as satisfactory, while on all other branches the "regular" school had the privilege of examining, and of course of rejecting! The bill was shown to be sectarian and the committee to which it was referred refused to recommend it, and introduced a non-sectarian substitute. This was amended until the original movers begged that it might be voted down, in order that another bill, satisfactory to all parties, might be introduced, which was done. Then came the registration law, which, after some difficulty, was adopted in 1881, since which time there has been more peace than had been known for many years before. By the same legislation which enacted this law, three old boards, which died hard, came to an end. They had been tried and found wanting, as boards generally are. Single boards are never satisfactory, separate boards rarely so, and laws enacting them are conducive to strife and are never stable. During the discussion at the time Col. Estes, of Hall county, to show the character of one of the boards, stated that with his own right hand he had written to the secretary of the "regular" board at Milledgeville to say that a young client of his who had taken one course of lectures desired a license, and he wished to know upon what terms it could be obtained. The answer came simply naming a small amount of money, which was sent, and the license was returned forthwith! The iniquity of boards have been numerous and glaring. Some years ago a member of one of the county boards in Alabama was heard to declare that he "would be damned if he would ever give a license to any Eclectic or Homeopath." There is reason to believe there are others of his ilk. Boards that may be formed are not likely to be better than those that have been. There is abundant evidence of the venality, inefficiency and partizanship of boards, and those not of the dominant school are unwilling to trust any board with an inimical majority, simply because past experience has taught lessons that cannot be forgotten. Bias and sectarian prejudice will tell. While every man must belong to a sect, he alone is offensively sectarian who becomes a partisan zealot and attempts to interfere with the rights and privileges of others.

Those have read history to little purpose, have judged human nature with little astuteness, who are not aware that it is incurring a fearful risk to be at the mercy of an opposite party, and it is not fair to expose a man, unnecessarily, to an intimidating influence, even although it cannot be shown that injustice is contemplated. From one cause

or another, not necessary here to discuss, it certainly is a fact known to all men that the medical profession is divided into what are known as schools. At times feeling has run high among them, and it may be so again. Efforts to "crush out" have been known. Those who have not suffered cannot see why others should be afraid. They mean to be fair, and think others will be too; but there are conditions in which men cannot be just if they would, and it is certainly not proper to place it in the power of a majority party to oppress a minority in religion or in medicine. The question of the merits of the different schools is not before your committee, but the question of justice and fair play is.

It has been complained (as though it were an argument) that all of those who are not of the "regular" school are opposing this bill. Is it so strange that the lambs and the kids and the rabbits and hares, and even the bears, should all make common cause, if practicable, against the rapacious lion who would devour them?

A board composed of thirteen of one ("regular") school, two of another (Eclectic), and one of another (Homeopathic), would be practically of one school, where the board makes its own rules. Legislation in favor of one class to the detriment—even to the causing of a reasonable fear—of others, is in conflict with the fundamental principles of the government, state and national. It might easily happen that none of the minority members would be present, but if all should be there the three would be about equal to three flies on a bull's horn. Who would be willing to be placed in such an impotent position? It is doubtful if a quorum of nine of the sixteen from all parts of the state would ever get together after the first meeting and after special interest should have subsided.

Boards are difficult of construction, and are cumbersome in operation. Men of reputation and large practice cannot afford to leave their patients to attend board meetings. The compensation is insufficient. Those who have time, and who would endeavor to obtain the positions for the *eclat* attached thereto are not desirable. The governor would probably be embarrassed in having these appointments—practically political—to make. If a board were a necessity, a better one could be provided, located permanently at the capital; a board of supervision of diplomas, as is found in a majority of the states having boards, for example. While there are many eminent physicians in our state, there are few who are competent to be examiners. Few, even, of the professors in colleges (who are properly excluded) are qualified, as they will admit, to act as examiners, excepting in their own branches.

Corruption and venality are, of course, possible to college faculties, but more liable to be shown by boards, especially those of political formation; errors are certainly more probable in the case of the latter. The college professors, who are as educators, associated for three years with their students, are unquestionably more competent to decide upon their character and ability than a board of strangers brought together for a day or two.

Let the legislature be chary of issuing charters to colleges, and let the entrance and exit of the colleges be well guarded, and there will be no need of such an awkward piece of machinery as a board. We must at last rely upon the examinations of the more competent college faculties; but let them be held up to their duty and improved. Then, the people have some discernment.

A few years ago it became my duty, as chairman of a committee on medical legislation, to correspond with representative Homeopathists in all of the Southern states, inquiring as to the medical laws of the different commonwealths, and how they affected Homeopathists. From all of the states in which there were single boards came the cry that they were intimidating, keeping practitioners of minority schools out, to some extent at least, and frequent instances of unfairness were reported. "Abolish the boards!" was the general demand. From Louisiana came an expression of satisfaction. "Why," wrote my correspondent, a physician of long experience and great distinction, "can not all of the states have such a law as we have—fair alike to all schools—a registration law, requiring a diploma?" That is what Georgia now has. It took hard work to get it; we ask that it be allowed to stand. An attempt was made a year or two ago to enact the board scheme in Louisiana, but it failed on account of its being recognized as a sectarian measure.

Legislation has done little to elevate the standard of medical education; the profession itself has done much and will do more. The Boston University School of Medicine (Homeopathic) was the first college in this country to require, some years ago, the three years' graded course as a pre-requisite for graduation. Others followed, and now all of the eighteen Homeopathic colleges, by requirement of the American Institute of Homeopathy, the oldest national medical organization in this country, give three courses, and require four years of study, with a prospect of lengthening the time. The Institute also last year "Resolved, that the American Institute of Homeopathy would look with decided disapprobation upon the organization of college faculties in cities where ample hospital and clinical facilities have not been previously provided." The National Eclectic Association requires all colleges represented in its body to give three courses; and even the dear old "regular" school is trying to catch up with the procession, and will do so if let alone, in good time, so that there will soon be only three-course graduates to receive into Georgia. Let the legislature simply not allow itself to be disturbed by these teasing bills for boards and all will be well in time.

The bill you are considering is ostensibly drawn in the interest of the people, for their "protection;" but while I have every confidence in the good intention of my friends the promoters, I trust they will pardon me when I intimate that I am constrained to believe, as I think you will believe upon reflection, that if there were no colleges to be protected, and if they, the promoters, belonged to a minority instead of the majority school, we should not have been treated to this striking example of patriotism and philanthropy. Well we know that the protection proposed is not only unasked, but is undesired and positively objectionable. When Madame Roland was led to the guillotine she exclaimed, "O, Liberty, what

crimes have been committed in thy name!" We may exclaim, O, Protection, what liberties have been destroyed in thy name! Napoleon, the great protector, who protected everything he could lay his hands upon, protected Italy and put his step-son on the throne. He protected other kingdoms with his brothers on their thrones. Poor Poland had a bitter dose of protection. England protected the American colonies, and now protects Ireland—and the McKinley bill, God help us, protects us all!

Let us see what kind of protection this unnecessary and gratuitous bill would afford. For example: I have a colleague who, like myself and many others, is a graduate of an Allopathic or "regular" college, but a Homeopathic practitioner. Several years ago he located in this city for practice. This he did because he found our registration law fair alike to all; and he would probably not have come if he had been forced to confront an examining board composed predominatingly of an opposition school. There has been some sad experience from such boards, and they are feared, so that they are in effect if not in intent exclusive, to the injury of practitioners and the people. The colleague referred to has, in Albany, N. Y., a father who is a Homeopathic practitioner of eminence—the son of a physician also—who has been in successful practice for over forty years. He has labored harder and sacrificed more in the interest of the elevation of the standard of medical education, according to his views, than any man in this country. Now, suppose this veteran in practice should wish to seek the more genial clime of Georgia and join his son; behold! he would have to come like a boy and hunt up this sectarian examining board at the time and place of its meeting, and pay fifteen dollars to be examined (by whom? men qualified?) to see if he is qualified to practice medicine!

Unless absolutely necessary, which is certainly not the case, physicians should not be required to pay fifteen dollars, with traveling expenses, and be subjected to inconveniences, to get to a place of meeting of a board. Men who have been long in practice and long from the green-room naturally fear that however well informed and skillful generally, they may be rusty in some of the technicalities upon which they might be examined. They cannot know what is to come, or whether they are prepared or not. Good men are liable to be kept out of the state. These objections may seem trivial to those not exposed, to the young man fresh from books and lectures, and with a pocket well filled or a rich father at his back; but to the older man who may desire to change location on account of climate, or to the young, worthy but impecunious struggler who has not a dollar to spare these considerations are highly important.

Suppose that some of your friends should wish to have the advice, not in consultation with their home physicians, of men of eminence and special skill from other states, to help them out of serious trouble, or at least to satisfy them that all that was possible had been done in some case, extreme or otherwise. Under the present law your friend could have this needed aid and comfort; under the proposed law they would be protected out of this privilege.

Again. Georgia is bordered by five states. The border counties in all entitled to protection. Some of their citizens are in the habit of calling for advice upon the physicians of other states, who are perhaps nearer to them, and possibly better qualified, or in the enjoyment of their confidence to a greater degree than are those of their own state. Under the present law physicians over the line who are called into this state have only to go at their convenience and register their diplomas at the county site. This is not an unreasonable requirement; but under the proposed law these physicians would have to go at the particular times of sessions before this protecting board and pay fifteen dollars and be examined by physicians of political appointment, who may or may not be qualified or prejudiced. Of course, these physicians would not submit to this inconvenience and humiliation and the border-county people would be the sufferers. Is not this ghastly protection for the people of the border counties?

Others will treat, and more ably, of other repugnant features of this very objectionable sectarian bill. Its title, to accord with its effect in practice, should be changed to "A Bill to secure the power of medical licensure to one school of practitioners." Then it should be amended by striking out all after the enacting clause, and substituting nothing. I would cut off the tail of this dangerous creature miscalled Protection, close behind the ears.

In all cases of legislative enactment, where different interests are concerned, it is but fair and just to consider the rights of all parties, to the end that a satisfactory adjustment may be made, leaving no ground for complaint of partisanship, and I have too good an opinion of this committee to believe that this principle will be disregarded.

It is certainly the function and the duty of the legislature to provide needed and reasonable and proper protection for the people, as for example, by the establishment of a properly organized state board of health; but a just and considerate legislature will not, we are sure, at the behest of one dominant school of medicine, under the plea of protection, enact a law which may be reasonably complained of by all other schools as sectarian, odious and injurious to them, at the same time that it is undesirable, uncalled for and disadvantageous to the public.

STATE MEDICAL CENSORSHIP.

By J. P, DAKE, M.D., Nashville, Tenn.
ex-president American institute of homeopathy.

That science, no less than religion, is hindered and damaged by legalized inquisitorial and licensing boards is a fact plainly taught in human experience.

Standards erected and trammels applied by theorists and dogmatists under the police power of the state, upon the presumption that all the fruits of invention and discovery are gathered and that it is the prorogative of civil government to provide for all the wants of the citizen, have served as barriers in the way of scientific progress and engines of oppression upon the people.

In countries where paternalism reigns and the people live and labor, first of all for the king, and enjoy only ths rights allowed them by royal favor, there is an apparent consistency in authoritative

boards to keep all, *nolens volens*, on the one road to health as in the one way to heaven.

But in countries where the government is from as well as for the people, where natural personal rights are recognized in the fundamental law of the land as sacred and inviolate in the citizen, it is a glaring inconsistency and wrong for legislators and officials, serving for brief terms, to force or restrain the citizen, except as demanded clearly for the protection of the neighbor or the general good.

It has been bad enough to have authoritative standards, and laws to enforce conformity therewith, in matters of religion, where there is some show of a fixed condition; but in matters experimental, depending upon human discovery and ingenuity, and ever changing, especially in the domain of medicine where reliable facts are few and shifting fancies and theories many, where the most learned yet doubt and hesitate and disagree, it is extreme presumption to ask the state to authorize a curriculum of studies or to enforce limitations upon the exercise of human skill in the art of healing.

Though not given to pessimism in general I regard with no little fear the encroachments of governmental dictation over the affairs of the people of this country; aud it matters little to those who suffer the curtailment of their freedom and imposition of unnecessary burdens, whether the interference has come from a hereditary autocrat or a legislature of democrats and republicans dominated by a few designing men. The multiplication of authoritative boards, since the war, to govern affairs in one direction and another, has fastened upon the country an army of office-holders, at a constantly increasing cost, that, like an all-embracing governmental octopus, seems destined to consume the substance as well as personal liberty of the people.

Upon whatever pretense of need and usefulness they were devised it is evident that the chief function of some of them has been to wield the civil power in such a way as to prevent innovations, departures from the well-beaten track and the adoption of reformatary measures.

Not satisfied with the old protective method of branding things new and quite unfamiliar to themselves as "heterodox," "irregular," "empirical" or "unauthorized," it is proposed to prevent or put them down by the resistless arm of the law.

Not wishing here to repeat what I have already said on several public occasions, against the creation of authoritative examining boards in medicine (see Transactions of the World's Homeopathic Congress, Atlantic City, 1891), I desire now to ask special attention to just two points touching the great principle that underlies the whole subject of the regulation of medical men by the enactment of special laws.

1. The right of religious freedom is distinctly enumerated in the Federal Constitution, and in Article IX of the Amendments thereto it is provided that "The enumeration, in the Constitution, of certain rights shall not he construed to deny or disparage others retained by the people." Among the "others," additional to religious freedom, not "enumerated" but "reserved by the people," was medical freedom.

The fact that, in some of the states, the highest courts, under a misapprehension of the real status of the art of healing and without due consideration of the "retained" rights of the people, have sanctioned the oppressive measures of certain medical boards, does not settle for all time the rightfulness of the imposition. Nor can a decision of the highest tribunal in the land determine tbe question so that it may not again come up for consideration and possible reversal.

In no case where such a decision has been rendered has it been shown in the pleadings and proof, as it may be most abundantly, that medical standards, in the present state of medical knowledge and practice, are a rank impossibility.

No form of catechism, based upon assumed standards, can determine the skill of applicants for license.

The fact that in states where such standards have been attempted and such inquisitions exercised, medical impostors and malpractices abound quite as much as in states where medical freedom reigns, shows conclusively that the standards are failures and all legalized catechisms worthless, so far as any benefit to the profession is concerned. And the assumption that practitioners who have not answered the questions propounded by examining boards are devoid of medical skill and unfit to minister to the sick, is contradicted by statistics and by the judgment of mankind.

2. So far as the citizen may have forfeited his personal freedom by crime, or lost it by insanity, and become a charge upon the public, it is easy to understand that it is the right as well as duty of the state to decide who is to be his physician as well as chaplain.

And when the citizen has in a measure surrendered his personal freedom by enlisting in the army or navy, or by going to an asylum for the poor, he need not complain that those in authority determine who is to officiate for him in medical, surgical or religious affairs. He takes the medicine as well as the food and religious ministrations as furnished to him without his exercise of choice and without personal expense. The responsibility in all respects is assumed by the State; and in order to bear the responsibility properly the State must have some method, even though very imperfect, for ascertaining the incompetency of the medical men and of clergymen to be employed. Surgeons for the army and navy must pass a medical board, while the chaplains must present satisfactory testimonials as to religious character and faithfulness.

And again, when the State provides that certificates of lunacy, physical disability or of death shall be made out for its information, and, in cases of litigation, when expert medical testimony is required, it is fair as well as necessary that physicians performing the service should be possessed of the qualifications it may require. They should be medical college graduates of good general reputation. In short, where the responsibility in the case, as well as the expense, rests upon the government, it has a most undoubted right to choose and control its own agents.

But with citizens who have not forfeited, nor lost, nor surrendered their personal freedom, who pay for and bear the results of medical treatment in their own persons and families, any attempt on the part of the State to dictate what manner of

healers they shall have or shall not have when sick is an act of unwarranted usurpation and tyranny; and the assumption of any superiority in judging of the skill of medical attendants for the people does not mitigate the crime but adds insult to injury.

In this matter a principle of ethics is involved much higher and more vital than any pretended police regulation to enforce conformity with some official medical standard possibly can be. The choice of one's physician in the hour of suffering and danger is a personal right, no less sacred and dear to the citizen than the choice of his own spiritual adviser and comforter; and the innocent looking politico-medical board that would deprive him of it is a disgrace to any enlightened government, more especially one claiming to be republican.

England has set an example for our boastful free America in providing that her people in times of sickness in their homes may have whatever medical attendance they may choose and whatever means of cure, without governmental dictation or interference. The healers of the sick, responsible under the common law for any harm done, are free to follow their methods of cure among the people who may call on them for help. But in doing service for the government in the army or navy, in public hospitals, in the making of official inspection, in giving expert medical testimony in courts of justice, in preparing medical certificates, or in any other work for which the government is responsible, medical men must show that they are registered physicians or surgeons. In order to get upon the register they must have studied in medical schools for a given number of years and undergone a satisfactory examination as to their knowledge of current medical teachings.

What our States may and should do is to require all practitioners of the healing art offering service to the people to publicly register themselves, stating under oath their medical history or what they have done to qualify themselves for the cure of the sick. Such an exercise of the police power would be entirely fair as to all medical men, and would furnish some proper information to those in need of medical attendants. Under such an arrangement the sick would be in the enjoyment of their personal rights, and physicians desiring government service, or to appear well on the medical register lying open to public inspection, would resort to the best medical schools and hospitals for instruction and diplomas. The voluntary method proposed would, in the future as in the past, offer the greatest inducements to the student of medicine to excel in preparation and in the exercise of ingenuity on the field of practice.

The boards of medical examiners, now in several of our states, without whose inquisitorial gauntlet and official license no man may there minister to the sick, are institutions out of time in an age of general enlightenment, and out of place in the great American republic. They are the product of wrongly inspired and misguided legislation—inspired with the idea that medicine admits of authoritative standards, and led on by political doctors who aspire to get above their fellows without practically convincing the people of their superior abilities in the cure of the sick.

The people, who are the subjects of medical treatment and who pay for it, have not asked for boards, nor have physicians generally, who have their hands and heads full of business among the sick.

The American Institute of Homeopathy and the Southern Homeopathic Medical Association have always disapproved of such political meddling with the affairs of medicine, considering it only damaging and obstructive to progress in the art of healing. They have favored the more thorough and higher education of medical students, the broadening and lengthening of the college curriculum and term, the punishment of physicians making display of unearned titles, and the utmost freedom for the sick.

It is a matter of regret with a large majority of our profession that some of our number have been led to consent to the creation of authoritative medical boards, apparently on condition of themselves being placed upon them, or of having their favorite school of therapeutics recognized and represented thereupon and thereby.

In conclusion, from my standpoint of observation, I do not hesitate to say:

1. That the movement for an authoritative medical censorship in our states has come from a small number of men in the medical profession.

2. That the objects in view on the part of the movers have been to create a medical aristocracy, or to prevent new therapeutic methods, or to limit free competition on the field of medical practice, or personally to gain by law positions above their fellows which they could not attain to by meritorious work in the art of healing.

International.

NOTES FROM OTHER LANDS.

At the Twin Homeopathic Hospital 1,052 patients were treated during 1892 and 60 were treated at their houses. Dr. Bonino and sons are the managers of the dispensary.

Medical Students in Switzerland.—The number of medical students officially recorded for the semester of 1893 at the various universities of Switzerland are as follows: Zurich, 297; Geneva, 224; Berne, 224; Basle, 152; Lausanne, 84.

Birmingham, England, is having an epidemic of small pox. It is now abating somewhat, but there were reported during the last two weeks of November 263 cases. There were also at the infectious hospital 335 cases of scarlet fever.

Homeopathic League Tract, No. 47, has just been issued from the press by the London Homeopathic League. It is really a continuation of Tract No. 23, "Homeopathy in the Old School," and is titled "Allopathic Approaches to Homeopathy."

Consultation Day has been created at the London Homeopathic Hospital, the first and third Friday afternoons being set aside for this purpose. The entire hospital staff holds counsel over severe cases on these days, and medical visitors are invited to be present and bring cases for counsel.

New Treatment for Typhus.—Two Hamburg doctors are reported to have discovered a new treatment for combatting typhus, consisting of the sub-

cutaneous injection of a preparation made from *Typhus Bacillus*. The treatment, it is stated, has been applied to patients successfully.—*Homeopathic World.*

The Norwich, England, Homeopathic Dispensary made 1,699 home visits during the year just being reported upon, and made, also, 2,297 dispensary consultations. The financial condition of the dispensary is good, a small balance being carried to the account of next year and a substantial sum being invested.

Melbourne Homeopathic Hospital.—During the year for which the report of the above named excellent Homeopathic institution is just issued there have been treated 3,786 patients, of whom 812 have been in-patients and 2,974 have been out-patients; 20,242 prescriptions have been dispensed, and the daily average of patients has been 104.31.

Bristol's Homeopathic Dispensary reports 1,068 new patients at its Brunswick Square branch and 309 at Queen's Road, making 1,377 new patients for the year, an increase of 74 over the year previous. There were 6,554 attendances, an increase of 700, and 220 visits were made at patients' homes. Amongst the latter were two fatal cases only, one from consumption and one from cancer.

Medical Students in Germany.—During the semester of 1893 there were at the German medical schools the following roster of students: Munich, 1,474; Berlin, 1,116; Leipzig, 788; Wurzburg, 752; Freiburg, 506; Greifswald, 416; Erlangen, 400; Bonn, 322; Kiel, 317; Breslau, 300; Strassburg, 286; Heidelberg, 285; Halle, 263; Konigsburg, 255; Marburg, 245; Tubingen, 239; Jena, 219; Gottingen, 200; Giessen, 167; Rostock, 111.

Beer for the Insane.—An interesting fact has been noted by Dr. Clayde Shaw, at the London County Asylum, Banstead, in regard to the use of beer in insane asylums. Since the withdrawal of this beverage from the dietary the rate of recovery has gone up. During the past year, for example, the recoveries reached 46.97 per cent. Nearly one-half of the patients had thus recovered during the period stated. These inmates take their food better without the liquor, and are thus taught that intoxicants are not a necessity in ordinary health.

The Dangers of an Epidemic of Cholera is occupying the minds of our Dutch confreres. A few months ago the Homeopathic Society of the Netherlands at Amsterdam addressed a communication to the City Council, asking for the erection of special barracks for the Homeopathic treatment of cholera patients. This request was based chiefly upon the remarkable progress of Homeopathy at Amsterdam and in Holland. The adherents of this method are becoming more numerous every day, and it is only just that they be allowed that treatment during epidemics. This request received the support of several Dutch political journals.

The Powerlessness of Allopathy in the treatment of cholera is demonstrated by the experiments made in the Hamburg hospitals during the recent epidemic. The antiseptic treatment of cholera upon which so much hope had been placed gave results absolutely *nil*, and the physicians confessed that the mortality was from 40 to 45 per cent, which was equal to that of previous epidemics. On the other hand Homeopathy was remarkably efficacious, and here as in all the epidemics of the century, according to numerous and authentic statistics, the mortality was very much less.

A new Medical Law in France has just gone into effect which effectually prevents all foreigners from practicing in that Republic except under conditions which few established practitioners will care to accept. The applicant from a foreign country must apply to one of the faculties recognized by the law, Paris, Montpellier, Nancy, Lyons, Bordeaux, Lille or Toulouse, and submit to it his papers with whatsoever records of scientific work or other claims to professional recognition he may possess. He will then be informed in due time what examinations he must pass before he is pronounced qualified to engage upon the practice of his profession in bonny blue France.

Opium in Malarious Countries.—The sittings of the English and Indian Opium Commission in Calcutta have revealed some curious facts, among them that the immoderate use of the drug in the country of its nativity is rare; also that its moderate use in malarious parts of the country has been found to be beneficial. Surgeon General Sir William Moore, K. C. I. E., says there is a widespread belief throughout India that opium smoking prevents fever and prolongs life. He testifies, also, that he prefers as servants in that country those who use opium, as they are less liable to get sick while on marches and when taken back among the hills into the colder climates. He claims to learn from recent issues of Indian papers that there has been a great increase of malarious fever in certain parts of India, presenting the question as to whether this is due to the efforts of the government to limit the use of the drug. This thought may suggest the Homeopathicity of *Opium* in inveterate cases of ague. It certainly is one of the chief remedies in the soporific variety of pernicious intermittent fever, the "congestion," of some parts of Texas and the South.

Dr. Brieu writes the *Homeopathic World*, London, from 36 Boulevard de Strasbourg, Toulon, France, drawing attention to a new application of the Homeopathic principle by the old school practitioners, enclosing an extract from a French journal which refers to the use by Dr. Byrom Bramwell of the *Thyroid Extract* in cases of psoriasis, and the point lies in the fact that the *Thyroid Extract* causes exfoliation of the skin in those who have not psoriasis, and cures it in those who have. The translation is given as follows: Mr. Allison said he had tried these injections against common alopecia, basing his treatment on the fact that in myxedema the hair grows again under the thyroidian injections. The failure was, however, complete. It was from acting on an analogous order of ideas that Dr. Byrom Bramwell attempted, this time with success, the injection of (extract of) *Thyroid* bodies against psoriasis. He had, in fact, noticed that the *Thyroidian* injection frequently provoked in the myxedematous an intense desquamation of the skin, and had in consequence decided to try the same treatment in psoraisis. This trial proved highly successful; out of a large number of cases of psoriasis treated in this way Dr. Bramwell had only two failures.

Medical Century

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C. E. FISHER, M.D., - Editor.

ASSOCIATE EDITOR:

W. A. DEWEY, M.D., New York.

Chicago, January 15, 1894.

THE AMERICAN INSTITUTE.

Notwithstanding the excellent progress made within the last five years by the American Institute of Homeopathy in membership as in scientific and professional work, there are thousands of men and women in the profession who have not yet joined the national association who should do so at once. It is a thoroughly representative and scientific body. No one can attend its meetings year after year and not come away improved, for contact with the bright minds of Homeopathy will brighten even the dullest member of the profession. Especially should our college men see to it that the application of every graduate of this year shall be secured. Far better is it that the Institute life of the new physician should begin at once than that he should be allowed to drift to some out of the way location and only realize in future years what he has missed by not belonging to the national association. The Institute men in the colleges owe it to the parent body and to their graduating classes to enroll the name of every member thereof for Institute membership, and the secretary of the national association should supply the registrar of every Homeopathic college in this country with a sufficient number of blank applications for membership to cover the senior classes. In this way it will not be many years until the Institute embraces the entire practicing profession. Begin at the beginning and bring the young men and women in as they enter their profession and thus keep them in close touch with the Institute from the incipiency of their professional careers.

And in the file of the profession all over the country are thousands of men and women who can be brought into the fold of the Institute by a little systematic work from headquarters. At least once a year application blanks should be mailed, together with a plea for union with us, to every man and woman in Homeopathy not belonging to the Institute now. By keeping up a constant fire the membership of this body can be materially increased and thus its usefulness be made more widespread and the interest in it more general. The cry that the Institute is a close corporation should be lived down, and the attractiveness, usefulness and advantages of membership in it should be made apparent to every man and woman in our school. A little systematic missionary work will swell the roll to immense proportions, beyond question. Let it be employed.

LEGISLATION IN MEDICINE.

The subject of medical legislation is an ever recurring one, and while it is not the topic of first importance with the true physician, whose aim and duty it is to heal the sick, yet it is so constantly forced upon us by the medico-politicians of our country that we cannot altogether avoid its consideration. And it is with no little satisfaction and pleasure that we are able to present in this issue of this journal very able arguments against the examining board plan of control of the medical profession from such competent writers and thinkers as Drs. F. H. Orme and J. P. Dake. Dr. Orme has recently successfully withstood a legislative storm in his state, as recorded in our last issue, and Dr. Dake has more than once gone through legislative combat of the fiercest kind. Both gentlemen are members of the American Institute's Committee on Legislation, Dr. Orme being its chairman for this year, and both have long given the subject earnest study. Therefore their views are worth more than the views of the tyro in medicine or the novitiate in the study of this important question, and, naturally, should and doubtless will have great weight with the profession.

It will be seen that both oppose the examining board system of supervision, and right well do they argue against it. Both take the broader stand of the American citizen in dealing with the question and present good reasons and strong argument against an officious paternalism in relation to medicine. It is with them a question involving the highest principles of citizenship, rather than the expediencies of school necessity or pathical interests. It is not looked upon as a question involving the rights of Allopath, Homeopath or Eclectic, but one dealing directly with the right of the people to select their own method of treatment when sick, as they exercise their right of selection in the matter of religion, politics or other economic questions. And this is the position which should be taken by every member of the profession, for it is the only just and really honorable one. None of us will for a moment agree that it is right for the old school profession to seek selfish control over the entire profession. Then by what line of reasoning do we undertake to justify ourselves in assuming that they and our-

selves and possibly the Eclectics shall have this right accorded to us combined. Yet this is the most liberal view the legislationists of schools have yet placed upon it. All agree that it is not right for one to assume control, yet all are unmindful of the sacred rights of people belonging to neither and holding allegiance to neither. Surely, if the question is to be dealt with in its highest sense no medical sect or sects have the least moral right to ask for power to regulate the selection by the people of their medical advisor.

But the suggestion has been made that a condition and not a theory confronts us. For the sake of the argument grant it. What method of control then should be allowed to prevail? Only that which restricts as little as possible the rights of the citizen and the rights of the profession to exercise self control. Surely no one will argue that the examining board plan is the least restrictive. On the contrary it is the most restrictive of all plans which has ever been tried; so restrictive, in fact, that it has practically crushed Homeopathy out of existence in its mother country, and has seriously retarded its growth in every country and in every state in this Union in which it has yet been tried. There can be no question about the correctness of this assertion. It is clearly proven even in New York and Maryland, where the method is now in vogue under perhaps the best circumstances, there being in those states separate boards of examiners. Yet in neither of them is Homeopathy prospering to-day as a few years ago, and in New York the limit of infinitesimalism in growth seems to have been found. In Minnesota, where a single board law operates, we are actually retrograding, and in Maryland, where there is a separate board law, it is a significant fact that all our institutions are in a most uncertain and unhealthy state. Too much bossism is a hampering condition anywhere. Medical men do not like to have a protectorate appointed to watch them and examine them and review them and criticise them, and there is no doubt at all but much of healthy immigration into the states having these boards, whether single, double or triple, had been retarded by their existence. On the other hand, even the most captious supporter of the examining board as an institution has not advanced a single argument or fact showing an improved condition of affairs because of the existence of these boards. In New York, Baltimore, Minneapolis and other cities in states having examining boards quackery and irregular methods in professional and personal conduct is just as prevalent now as ever.

If we grant, then, for the sake of argument, that some form of control seems necessary and will be foisted upon us, it may be well to inquire what form of control is best and most effective and at the same time the least offensive to the individual and the physician. Unhesitatingly do we reply, that form adopted in the State of Illinois, or that form adopted in Georgia.

In the latter commonwealth a diploma from a legitimately founded and legally conducted medical college, supported by an affidavit sustaining the ownership and the regularity of one's methods in obtaining the same, grants the right to practice one's profession. Fraudulent diplomas are guarded against by the affidavit swearing the legality of the sheepskin. This oath violated the applicant is liable to the law for perjury. This is a simple law, fair to all schools of practice, and as sure a safeguard against quackery as the examining board law. For, after all, the quacks are in the profession, and ply their nefarious methods under cover of the mantle of strict regularity.

The Illinois law is unlike the Georgia law in the fact that it provides for the supervision of medical colleges by the State Board of Health. And while complaint has justly been made in times gone by that this board has ruled high handedly and arbitrarily, yet, in the main, its methods are deserving of warm commendation, and its possibilities for good are greater than any examining board plan because it operates directly upon the fountain at its head, the colleges themselves and not their outputs. To illustrate: The editor of this journal has seen a committee of the State Board visit a new college, search every nook and corner, carefully record every item of equipment, as carefully dissect its curriculum and as intelligently prescribe changes therein to meet its requirements, and demand outright the fulfillment of minimum requirements in all these matters before recognition would be granted by the Board to its diploma. With others we have thought it exacting beyond reason, and unnecessarily careful in its examination and slow to recognize features of the highest importance as outweighing features of less importance. But we have been impressed, nevertheless, with the idea that this character of control is at least effective in keeping the colleges up to a high standard and in creating a healthy rivalry among them because of the, perhaps over-officious, supervision to which all are submitted.

The Illinois Board takes supervision our college in and out of the state. It has prepared a list of colleges in this and other countries whose diploma alone grants unto the holder the right to practice his profession in Illinois. There are many colleges whose diploma bears no weight with the board and applicants from these colleges have to pass examination at its hands, standing on their individual merits. Naturally enough this has its

effect, and colleges recognized have larger classes than those whose diploma goes for naught. And by this means all colleges are forced to the necessity of raising their standard and meeting the demands of the Board as to equipment, in self-defense. The plan strikes right at the evil of which the friends of the examining board complain most vigorously, carelessness upon the part of colleges in issuing their degrees. It at the same time is free of the objection which most physicians have against the examining board, the right of the medical citizen to move about as freely as he may choose without having to submit to repeated examinations at the hands of his colleagues, and it is also free of the objection that it tends to hamper the growth of the weaker sects because of the fear naturally arising that the stronger will control the weaker, as is the case in those states having mixed boards and even in those having separate boards. For in no state in this Union is there a board law which grants unto the Homeopath or Eclectic the right to be examined exclusively by his own representatives. In every instance is the examination conducted in part at least by representatives of the old school, and these separate boards are therefore separate only in name and not in fact.

This subject will be dealt with further in future numbers.

Editor's Table.

Dr. Hale's new work on Practice is approaching completion.

Dr. P. L. Hatch, late of Minneapolis, is now located at Santa Barbara, Cal.

Dr. Wm. G. Hall, St. Joseph, Mo., has removed his office and residence to 801 Jule street.

Dr. G. F. Roberts, Minneapolis, has recently recovered from a serious attack of illness.

Dr. Henry Sherry is at present at Beaumont, Cal. He is rapidly regaining his health.

Mrs. Dr. W. P. MacCracken, Chicago, has morning hours at 48 Forty-third street, 9:30 to 12.

Dr. Wm. H. Broadbent has been chosen physician to Gladstone in place of Sir Andrew Clarke.

Dr. Russell Reynolds has succeeded to the presidency of the College of Physicians and Surgeons, London, made vacant by the death of Sir Andrew Clarke.

Dr. E. H. Pratt, Chicago, is enjoying a visit with his father, Dr. Leonard Pratt, at San Diego, California.

Dr. Kippax's second edition on Fevers is really almost a new book. It will receive a hearty welcome from the profession.

Dr. Isabella Scott Hotchkiss, Riverside, Ill., has associated with her in practice Dr. F. W. Rich, recently of Savannah, Ga.

Dr. J. L. Hanchette, Sioux City, Iowa, has offices in the Security Bank Building. His residence is at 601 Jackson street.

The Homeopathic Medical Socity of Western New York held an enjoyable meeting at Buffalo on the 12th inst. A report is promised this journal for its next number.

Dr. Chas. Rich, late of Chicago, is at Fort Smith, Arizona, in the interest of his health. It will be a pleasure to his friends to know that he is continually improving.

Address personal and editorial mail for the Century to the residence of Dr. Fisher, 4018 Drexel Boulevard. Business mail should be sent as heretofore to 31 Washington street.

Dr. Emmett L. Smith, late of the Cook County Hospital and Lincoln Park Sanitarium, has located in Chicago with office and residence at the corner of Grand Boulevard and Forty-third street.

The new Southern journal contemplated by Dr. Clifford, of San Antonio, has not made its appearance, and from all that can be learned it would seem that the venture has died a premature death.

Dr. E. U. Jones, Taunton, Mass., died recently. The doctor was one of the best known Homeopaths in the Old Bay State. He contributed the chapters on "Malaria" to Arndt's System of Medicine.

The Medical Departments of the University of Minnesota have extended their courses of instruction from three years to four years, each course consisting of eight and one-half months. The new rule becomes operative in 1895.

Dr. D. A. Foote, Omaha, Neb., is not longer connected with the *Medical and Surgical Record*, having disposed of his interest in the journal to Dr. E. B. Allen, his former associate. Dr. Allen will continue the publication of the *Record*.

The annual report of the Laura Franklin Free Hospital for Children is at hand and gives a total number of patients treated at 139, the large number of which were surgical cases, there being 41 operations performed during the year. The hospital admits only those suffering from chronic diseases, medical or surgical.

The Monroe County Homeopathic Medical Society, Rochester, N. Y., will hold its annual meeting at the hospital parlors on January 16. * * * The annual meeting of the Rochester Hahnemann Society will also meet on that date. * * * It is whispered that Rochester will soon have a new city society to meet monthly. Our correspondent promises us particulars soon.

The Kansas City *Medical Index* announces the merging of the Homeopathic Department of the University of Michigan into the Allopathic Medical Department of that school. This announcement is just a trifle previous, thanks to the loyalty of the larger number of the profession of Michigan. The union has not taken place, nor is it now believed it will ever be allowed to occur.

Dr. Egbert Guernsey failed to secure the reappointment to a trusteeship of the State Homeopathic Hospital for the Insane at Middletown, New York. The ground taken by the governor for the refusal to reappoint Dr. Guernsey was

that he was not only inimical, but opposed to the school of medicine of which the hospital was a representative. Gov. Flower knows a Homeopath when he sees one. Sensible governor.

An excellent history of Homeopathy in the State of Wurtenburg, Germany, and also a history of the "Hahnemannia," the Homeopathic society of Wurtemberg, has recently been published. Dr. A. Zoeppritz is the leading Homeopathic physician of that province, he is the editor of the *Homeopatische Monatsblaetter,* and among other things a bitter opponent of vaccination. The *Monatsblaetter* is published at Stuttgart.

A Bird's Eye View of Hahnemann's Organon of Medicine, by Dr. John H. Clarke, editor of the *London Homeopathic World,* is the title of the little pamphlet of twenty pages which treats succinctly of the main paragraphs of the Organon. It is a reprint of a lecture read before the London Homeopathic Hospital class. Dr. Clark is a clear thinker and a forcible writer and his "Bird's Eye View of the Organon" makes many of the intricate problems of the book clear of comprehension.

Dr. T. F. Allen, late dean of the New York Homeopathic Medical College, has been appointed a member of the board of trustees of the Middletown, New York, Homeopathic Hospital for the Insane. A better selection could not have been made. It will be a matter of much satisfaction to the profession to know that so loyal a Homeopath as Dr. Allen has succeeded to the place heretofore occupied by Dr. Egbert Guernsey, whose lack of loyalty to our interests has been so pronounced in recent years.

Dr. W. E. Green, Little Rock, Ark., one of the most popular and able physicians of the South, met with a serious accident on the 3rd of January by being violently thrown from his buggy to the street, striking upon his head, receiving serious cuts and bruises in the accident, which was caused by an effort on the part of his driver to avoid more serious calamity from collision with a furiously driven express wagon. Fortunately the doctor's injuries are not dangerous, and it is expected he will soon be able to resume his work.

The *North American Journal of Homeopathy* has come out in a new and attractive dress. Under the able editorship of Dr. Porter the *North American* is rapidly becoming one of the most comprehensive and readable journals of its section, and under the stimulating influence of healthy competition is making really creditable efforts toward first place in the journalism of its school. Barring a little tendency toward pessimism in referring to this journal, and perhaps one or two others, it is exalted in tone and altogether a most acceptable exchange.

"The Treatment of Syphilis by Intra-muscular Injections of Soluble Mercurial Salts" is the title of a little book by Edward Cotterell, F. R. C. S., England, published by John Bale & Sons, in which is advocated the exclusive treatment of Syphilis by mercurial injections directly into the muscular tissues. These injections are repeated at intervals from a few days to a week or two, always made by the physician, and are kept up for a great length of time, the idea being to thoroughly antidote the syphilistic poison without inducing mercurialism.

Dr. M. J. Bliem, San Antonio, Texas, expresses himself as follows about the MEDICAL CENTURY: "Let me say, Dr. Fisher, that I recognize in your latest venture a very able and very good journal. You have succeeded in keeping up a very high class of contributions, and should you think it possible for me to contribute anything worth publishing I freely offer you my services as I can find it possible to give them." Dr. Bliem is a ready writer, close student and skilful surgeon, and contributions from his pen will be welcomed by the CENTURY and its readers.

From Dr. T. L. NcDonald, Washington, it is learned that the Moonshine College of that city has the enormously large class of three students. The teachers have changed frequently since the institution opened. There is not a man on the faculty in any good professional standing. The injunction suit against the college is still pending in courts, and meanwhile the Washington Homeopathic Medical Society has adopted a bill to present to Congress which will have the effect to squelch this and similar questionable institutions if it is passed by the national legislature.

It will be good news to its many friends in the eastern part of the country to know that the *Pacific Coast Journal of Homeopathy* has a renewed lease upon life, and that it will be continued through the year under the able editorship of Dr. H. R. Arndt, editor of Arndt's System of Medicine, now located at San Diego. The Pacific Coast profession should warmly support their journal, which is freely acknowledged to be one of the best of our school. A long and prosperous career is predicted for the *Pacific Journal* under the legitimate support of its local profession. Many more of the physicians east of the Rockies might take it with profit, for it is a very practical and readable periodical as now conducted.

The *New York Medical Times* disgraces itself in its reference to the announcement by the *North American Journal of Homeopathy* of the election of Dr. T. F. Allen as trustee of the State Homeopathic Hospital for the Insane, by using exceedingly offensive language toward its contemporary and Dr. Allen as follows: "This information was simply a repetition of the malicious and cowardly lie uttered by the governor's family physician, Dr. T. F. Allen, before the American Institute of Homeopathy when Dr. Guernsey was absent," etc. "Whom the gods would destroy they first make mad," might be paraphrased to suit this circumstance as follows: "Whom the governor has destroyed has since become mad." Language like that quoted has no place in a medical journal, or in any journal for that matter, that circulates among gentlemen.

The regular monthly meeting of the Chicago Academy of Homeopathic Physicians and Surgeons, of which Dr. Knoll was president at the time of his death, was held January 4th, 1894, at the Grand Pacific Hotel. The meeting was called to order by the Secretary, Dr. L. N. Grosvenor, as the Vice President, Dr. Chas. Rich was absent.

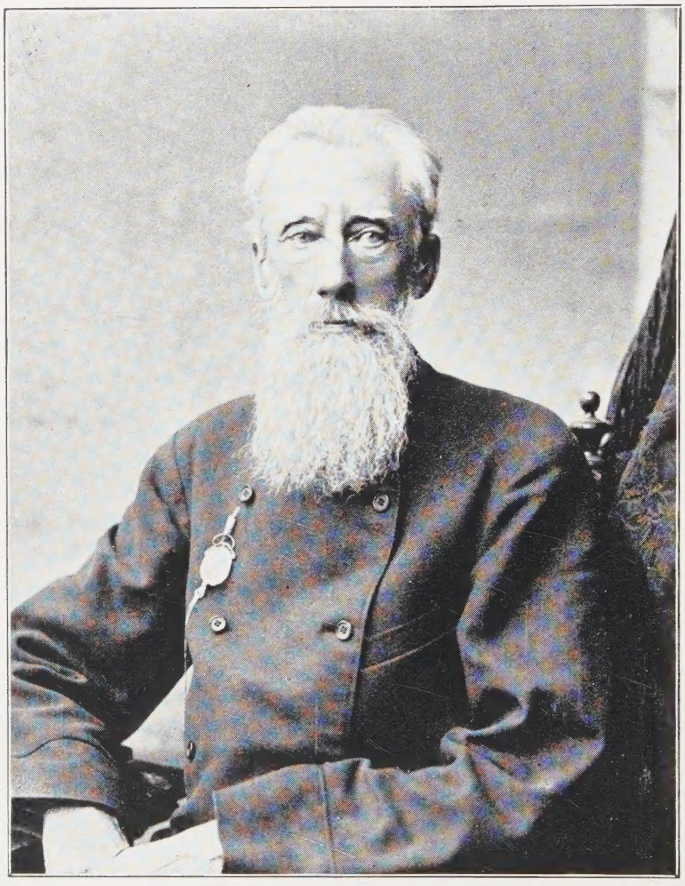
Dr. Chas. Gatchell was elected chairman *pro tem.* Dr. A. E. Thomas gresented an able paper on "Vaccination," looking at it from a bacteriological stand-point. The discussion was opened by Dr. J. S. Mitchell, and was freely participated in. Dr. A. C. Cowperthwaite read a paper entitled "The Relation of Homeopathic Materia Medica to Physiology." Dr. G. F. Washburne followed wlth a paper on "Surgical Obstetrics." After the discussion Dr. J. S. Mitchell made a plea for the surfering poor and a committee was appointed to receive funds for the Relief Association. The election of officers for 1894 followed and resulted in the election of Dr. Chas. Gatchell, president; Dr. A. C. Cowperthwaite, vice president; Dr. C. A. Weirick, secretary; Dr. C. St. Clair Drake, treasurer, and Dr. G. F. Washburne, L. N. Grosvenor and W. S. White, cessors.

The regular quarterly meeting of the Rock River Institute of Homeopathy, of which Dr. C. B. Kinyon, Rock Island, Ill., is pressident, was held on the 4th of January at Clinton, Iowa. An interesting surgical clinic was held during the session and the Surgical Bureau was one of the leading features of the meeting. At the next meeting the bureaus of Clinical Medicine, with Dr. Lowell as chairman, Gynaecology, with Dr. Kingon as chairman, and the bureaus of Materia Medica, Paedology and Obstetrics will report. The next session will be held at Morrison, Ill., the first Wednesday in April.

The Cleveland Homeopathic Hospital College has changed its official name and will hereafter be known as the Cleveland University of Medicine and Surgery. In addition to the regular medical and surgical departments this school now has a dental department and a maternity home, and is also connected with a school for nurses. It has adopted also a university extension course and various members of its faculty lecture in Cleveland and vicinity from time to time before lay audiences on semi-professional topics. Just what is to be gained by the change of name is not stated in the announcement, but in view of the local antagonisms which have existed in Cleveland for sometime past the move may be a wise one. To outsiders there appears no good reason why there should be two Homeopathic Colleges in Cleveland. If the present movement is in any wise likely to bring about the union of the two forces it will be hailed with pleasure by an interested profession. As consolidation is the order of the day in journalism so it should be in college work; not more colleges but better ones should be the battle cry. New York at one time had two colleges and found it wise to consolidate them, and St. Louis had the same experience some years since. If the Cleveland forces could be induced to shake hands across the chasm of their respective back yards then they would have one of the really strong colleges of this country. Let us all pray that this result may be accomplished.

Whittaker's Practice of Medicine is a new and really meritorious book recently issued by Wm. Wood & Co., New York, under the authorship of James T. Whittaker, M.D., professor of theory and practice of medicine in the Medical College of Ohio, at Cincinnati. It is a book of 840 pages, octavo, is handsomely printed and well bound, and is quite up to the times in etiology and pathology of disease, and is much more complete than most old school books in the matter of treatment, even though there is but little in it that the Homeopath will be able to avail himself of in this department. But the book has much to commend it, nevertheless. Prof. Whittaker was a private student of Robert Koch and dwells largely on the germ theory of disease, his classifications being more than usually complete and succinct. The chapters on ectozoa, entozoa and bacteria, which commence the book and to which about seventy pages are given, are alone worth its price, $5.75 in muslin and $6.75 in sheep. The chapters on infectious diseases are unusually clear as are, in fact, all the chapters relating to the diseases met with in every day practice. The illustrations are practical and the whole book shows evidence of thoroughgoing work on the part of a competent author. As a text book on the etiology, pathology, course and terminations of disease we can give it hearty commendation. As a book on treatment it will be of but little if any value to the disciple of Hahnemann, but is unusually valuable in the line it follows. It will doubtless meet with hearty reception in the ranks of its school, and will be found helpful in many ways by all practitioners and students of general medicine.

At a meeting of the Massachusetts Surgical and Gynecological Society, held in Boston, at the Hotel Clarendon, on December 13th, the following officers were elected for the ensuing year: Pres., W. H. Tobey, M.D., Boston; 1st Vice Pres., C. R. Hunt, M.D., New Bedford; 2d Vice Pres., Chas. Lloyd, M.D., Cambridge; Sec., L. A. Phillips, M.D., Boston; Asst. Sec., Frederick W. Elliott, M.D., Boston; Treas., J. H. Sherman, M.D., Boston. The chief topic of consideration at the meeting was Orificial Surgery. As will be seen from the following resume some Bostonians are far behind the times and full of prejudice: "Dr. Halsey described the American operation as nothing new. It was simply the Whitehead operation done backwards and he preferred the latter. Dr. Packard averred that the so-called orificial philosophy had no place in modern, progressive surgery. Dr. Richardson thought to consider an irritated rectum as the sole cause of hydra-headed nervous disease was to neglect the teachings both of reason and experience. Drs. Fuller and Hunt related personal experience with orificial methods, giving an account of successful cases and strongly recommending Dr. Pratt's methods. Dr. Phillips has done the American operation twenty times within the last two months, without a single failure. He questioned the competency or value of criticism of orificial surgery from those who were ignorant alike of its technique and results. The wonderful success of Lincoln Park Sanitarium was based upon a new conception of the causes of chronic disease. The American operation justly challenged the admiration of all those who had given it an investigation and actual trial." Very interesting discussions followed the papers and demonstration of Nitrous Oxide Anesthesia by Drs. Macdonald and Roberts of New York. The attendance, 106, is the largest in the history of the society.



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